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A study to determine the extent and nature of disability inclusion  
within the curriculum of the Faculty of Humanities, University of  
Cape Town.

By

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Philosophy (MPhil) In Disability Studies at the University of Cape  
Town.

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## **DECLARATION**

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## Definition of Terms

**A model** is a framework that is used to make sense of information (Coleridge, 1993); it encapsulates specific knowledge and perspectives and provides links between data. A model is both shaped by and seeks to shape ideas

**A theme**- captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set (Braun and Clarke, 2006).

**Codes** - the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon (Braun and Clarke, 2006).

**Curriculum** – planned learning and structured documents which also include, goals and objectives of learning, or the addition of whatever the teacher deems relevant that students should know (Marsh, 2009).

**Impairments** – are problems in body function and structure such as significant deviation or loss. In this context, impairments refer to ‘evident’ impairments of the body functions and structure (WHO, 2001). For example sensory, intellectual, physical, mental and psychological impairments.

**Service Learning**- Service learning combines community service with classroom instruction, focusing on critical, reflective thinking as well as personal and civic responsibility (AACC, 2011).

**Thematic analysis** - is a method for identifying, analyzing and reporting patterns (themes) within data (Braun and Clarke, 2006).

**The Individual or Medical Model of disability** – ‘views disability as a problem of the person, directly caused by disease, trauma, or other health condition which requires medical care provided in the form of individual treatment by professionals. Management is aimed at cure or individual’s adjustment and behaviour change. Medical cure is seen as the main issue, and at the political level it becomes modifying and reforming health care policy’. (WHO, 2001).

**The Social or Political Model of Disability** - disability refers to ‘the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers’ (Hammell 2006:61).

## **Definition of Abbreviations**

DIRECT----- Disability Inclusion in Research Enhancing Curriculum Transformation

FHS-----Faculty of Health Sciences

HEIs----- Higher Education Institution

HoDs-----Heads of Departments

INDS-----Integrated National Disability Strategy

ODP-----Office of the Deputy President

DHRS-----Department of Health and Rehabilitation Sciences

UCT----- University of Cape Town

UNCRPD----- United Nations Convention on the Rights of Persons with Disabilities

AACC-----American Association of Community Colleges

## Abstract

This study explored disability inclusion in the curriculum of the Faculty of Humanities, in the University of Cape Town. There is a need for Universities to actively engage in issues of diversity like disability, as reflected in the University of Cape Town Vice Chancellor Strategic Goals. This engagement should not only encourage participation of disabled students, but it should also promote the integration of disability issues into the curriculum to help alleviate barriers to participation, attitudinal barriers especially. While many studies speak to the accommodation of disabled students in higher institutions, this study rather speaks to disability inclusion within the curriculum.

This study looked at the extent and nature of the integration of disability in the curriculum of the Faculty of Humanities, University of Cape Town. It is relevant because there are very few studies done on disability inclusion within the curriculum. The study will assist in creating awareness to mainstream disability issues across disciplines.

Disability inclusion across disciplines will aid in reduction of stigmatization of disabled people as the barriers to participation experienced by disabled people are erected by a non-disabled majority. This can further inform policy making. The Faculty of Humanities in UCT was of particular interest to me because it is the largest Faculty at UCT with extensive student turnover, houses the School of Education which I believe is key to disability inclusion. This case for me, relates disability marginalization in the curriculum to how disability is also marginalized in the wider society and how disability can be easily perceived to be a medical issue rather than a socio-political issue.

The study is an exploratory descriptive study adopting an embedded case study design. Descriptive studies provide a comprehensive summary of an experience, in everyday terms, thus exploring what is already there and describing what has been found. There is no manipulation of variables and no attempt to establish causality. A descriptive, exploratory case study presents a complete description of a phenomenon within its context and also examines a phenomenon that has been rarely investigated before and can lay basis for further studies. The detailed description of a case study makes it



relevant to use with regard to this topic because of the revelatory nature of the study. The researcher seeks to describe information in detail regarding the topic of interest. The case study is the Faculty of Humanities, University of Cape Town.

Data was gathered through interview schedules for in depth interviews, which explored the participants' perception, understanding, inclusion practices and experiences of disability inclusion. Data was also collected from the curriculum documents which showed what was included in the teaching curriculum and research, and how it was included.

The findings of the study revealed that although disability is included in the Faculty of Humanities, it is quite minimal and staff include disability in their teaching and research mostly out of personal interest than as part of departmental agenda.

The elements of rigor were observed during the study. Credibility was achieved by epistemological reflexivity, while dense and rich qualitative data was collected to ensure transferability. Member checking was done to ensure dependability while an audit trail was used to enhance confirmability.

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# Chapter One: Introduction to study

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## 1.1 Framing the study

*“Assumptions can be more disabling than disabilities” (White, 2004: 210)*

This chapter will define the study terms and introduce disability as a diversity issue, giving a brief background of disability. The problem statement, research question and focus, rationale and context of the study will be given. The chapter also presents the research aim, objectives, purpose and the theoretical framing of the study. Lastly a brief summary of each chapter in the study is included. The term ‘disabled people’ is used rather than ‘people with disabilities’ because this study adopts the perspective of the social model which views disability as an oppression, while the term ‘people with disabilities’ is from the individual model. According to Olkin (2002), one does not say ‘people with oppression’, but ‘oppressed people’, so saying ‘people with disabilities’ places the burden on the disabled person and not the society. This speaks to issues of identity.

## 1.2 Background of study

According to the World Health Organization (WHO, 2004) estimates on disability prevalence, the World Health Survey and Global Burden of Disease approximately puts



disability prevalence at 785 (15.6%) to 975 (19.4%) million persons 15 years and older who live with a disability. Despite this, disabled people are still left on the outer fringes of development. Compared to other issues of diversity like gender, race and ethnicity, disability gets less attention in mainstream development, with the majority of information regarding disability coming from the north (Grech, 2011).

In South Africa, the White Paper on an Integrated National Disability Strategy (INDS) (ODP 1997) puts the prevalence of disability at approximately 5% (about 2 million) of the population. However the estimate given here varies according to definition, type of disability, sociopolitical environments, discipline and methodology used in surveys (WHO, 2011) and disability prevalence is also a complex issue of measurement (Schneider, M., Dasappa, P., Khan, N., and Khan, A. 2009). However, the estimate of disabled people could be higher as some rural places in Africa have no proper access roads, so relevant information regarding disability prevalence might not have been fully accessed in those areas. Disability does not only affect individuals but the family unit as a whole. While noting the gains made by policies like the INDS (1997), White Paper 6 on an Inclusive Education (DOH, 2001), the Bill of Rights (1996) included in the South African Constitution, and various other similar policies which address inclusion of disabled people as a right, the implementation of said policies have been weak. Despite the numbers that are affected by disability, disabled people and the issues affecting them are not as centralized as they should be.

The term 'disability' according to Thomas (2002:39) refers to a type of social oppression. Disablism enters the dictionary alongside sexism, racism and other discriminatory practices. The United Nation Convention on the Rights of Persons with disabilities (UN, 2006) states the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development. The Convention seeks to address discrimination, change perceptions and combat stereotypes and prejudices. The social model views disability as caused by the society and is informed by the human rights framework, which gives equal value, respect and opportunities to all.

The United Nations Convention on the Rights for People with Disabilities (UN, 2006) advocates for human rights and has called on higher education institutions (HEIs) to aid in societal transformation and to include this social model of disability. The (WHO, 2001) noted that the health of the disadvantaged would be better improved by HEI initiatives that address societal issues than by health care alone. These social issues include the issues of diversity, which is also an aspect of societal transformation.

Despite diversity being a topic of much discussion in HEIs, disability has and continues to be viewed as the neglected diversity (Barnard and Lan, 2007). Scotch, (1988 cited in Barnard and Lan, 2007:2) remarked that "...it is ironic that our vision of diversity is so limited that it rarely includes disability". The gap becomes apparent because "...this conspicuous absence of disability and the perspectives of persons with disabilities is most notable in higher education curriculum" (Linton, 1998 cited in Barnard and Lan, 2007:3). However, HEIs are beginning to affect societal change by engaging with service provision and reasonable accommodation for disabled people. The curriculum is also becoming a focal point to drive this change (Peel and Posas, 2009; Duncan et al., 2006). This transformation of the curriculum to include disability is the focus of this study.

As an HEI, the University of Cape Town (UCT) has developed Strategic Goals which will help create an inclusive culture. These goals include a commitment to social justice and democratic values, and its desire to foreground this through its research, the values of its graduates and its social responsiveness activities. There are six Strategic Goals which are; Internationalizing UCT via an Afropolitan niche; Transformation of UCT Towards Non-Racialism – Redress, Diversity, Inclusiveness and the Recognition of African Voices; Working Towards a Desired Size and Shape for UCT; A Vision for the Development of Research at UCT: Greater Impact, Greater Engagement; Enhancing the Quality and Profile of UCT's Graduates; Expanding and Enhancing UCT's Contribution to South Africa's Development Challenges. The two Goals of contributing to meeting South Africa's developmental challenges and the enhancement of UCT graduate profiles have led to the funding of a project on 'Disability Inclusion in Research Enhancing Curriculum Transformation' (DIRECT) (Lorenzo, 2010). Disability Inclusion

in Research Enabling Curriculum Transformation (DIRECT) is the larger study and was mainly focused on getting baseline data on disability inclusion at all Faculties at UCT. This study is an in depth study of the Faculty of Humanities looking at disability inclusion in teaching, learning and research in the Faculty of Humanities. The Disability Studies Programme in UCT is the base for the above mentioned project. This study is linked to this project and seeks to discover the extent and nature of disability inclusion in the curriculum of the Faculty of Humanities.

### *1.3 Problem statement*

Various studies (Konur, 2006; Getzel, 2008; Murray et al., 2009) have been done on the accommodation of disabled students in HEIs, focusing on reasonable accommodation of disabled people and the issues of access. However, comparatively little research has been done on disability inclusion within the curriculum. Even in HEIs where certain issues of disability are introduced, the purpose has been mainly focused on training rehabilitation practitioners and service providers. Disability is still looked on as a medical issue and has historically resided in the medical domain, but it is becoming more relevant to look beyond the medical condition of the individual. It has become necessary to be cognizant of the socio-political environment the individual exists in (UN, 2006).

In applied disciplines, for example medicine and social work, disability is perceived as a 'problem' to be solved, while in the art and humanities, disability is not even considered (Mathews, 2010). There needs to be a mental shift with regard to our perception of disability inclusion in the curriculum. This is because society's understanding of themselves is constructed through shared social discourses (Rohleder and Swartz, 2009). So if societal views of disability are not constantly examined in these discourses, change might not occur. The oppression and marginalization of issues of disability will continue to be perpetuated.

Based on this and instead of training only medical personnel, disability training should be included in all disciplines. The training should focus on producing independent and critical thinkers that are able to influence policies at all levels, while taking into account the varied issues that impact on the lives of disabled people (Bryen and Shapiro, 1996). With the wide range of political, social, psychological and religious disciplines housed in the Faculty of Humanities, this is a good place to explore these issues and implement change.

#### *1.4 Research question*

What is the extent and nature of disability issues inclusion within the curriculum of the Faculty of Humanities, University of Cape Town?

#### *1.5 Rationale of study*

Socio-political issues of disability should be included in the curriculum across disciplines instead of just the rehabilitative sciences and medicine. This would assist in removing the societal and attitudinal stigma against disabled people. Bryen and Shapiro (1996) noted that if students have little or no opportunity to learn more about disabled people than how to “care for” them, then it is no surprise that they fail to accommodate, hire, befriend or interact with disabled people later on. According to Bruggemann, Garland-Thompson and Kleege (2005, cited in Mathews, 2010: 527) disability studies must feature as “a topic, as an idea, as a category of analysis, as a historical community” in every discipline that exists within the academy.

HEIs play a major role in helping eradicate economic and social inequalities. HEIs must train professionals who possess ethical values that would both create and encourage an

environment of equality that is satisfying to all (Gazzola, 2010). A new, inclusive approach to the study of disability is therefore required.

Inclusion is a complex process that requires institutions and curriculum to be restructured, in order to provide a culture and practice in which all barriers to participation can be identified and removed (Tressou, Mitakidou and Karagianni, 2007). According to Bryen and Shapiro (1996) information on people with all kinds of impairments, their cultures, their needs, issues and concerns must be infused into all areas of HEI study. The experiences, attitudes and perspectives of people are influenced by discourse (Ortlieb, 2011). This reflects the need to investigate the language and discourse around disability, and the curriculum is a good place to carry this out.

The curriculum is defined for the purpose of this study, as planned learning and structured documents which also include goals and objectives of learning, or the addition of whatever the teacher deems relevant that students should know (Marsh, 2009). Sage (2005) also discusses the *intended curriculum*, which is similar to planned curriculum, this focuses on what *ought* to be taught (for instance, documents, curriculum standards, and frameworks) that are used in educational systems. Marsh (2009) discusses the breakdown of the curriculum into *enacted*, *experienced* and *live* curricula. *Enacted* curriculum is *what* is actually taught and this can conflict with the planned or intended curriculum; *experienced* curriculum refers to the classroom teaching although curriculum no longer happens just in the classroom (Marsh, 2009); while the *live* curriculum refers to the meaningful classroom interaction. This study adopts the *intended*, *enacted* and *live* definitions of curriculum because; 1) it is concerned with the intended or overarching curriculum frameworks guiding what is taught to the learners, 2) the enacted curriculum which focuses on what is actually being taught and 3) the life curricula because it is about meaningful interaction and this meaningful interaction contributes to the experience of staff who teach the learners.

## *1.6 The Context of the University of Cape Town*

This section introduces the physical and situational context of the study.

### **1.6.1 The University of Cape Town (UCT)**

The University of Cape Town is situated at the foot of Table Mountain's Devil's Peak in Cape Town, South Africa. UCT has shown exemplary leadership in the area of transformation, especially in governance, which is one of the four categories of the Soudien report, with the other categories being; curriculum, student life and institutional climate (Moodie, 2010). The University has staff and students from over 100 countries around the world which contributes to diversifying the University. However, there is a need to create even more awareness on the oppression of disabled people by including disability into the curriculum. This will greatly assist in producing professionals who are socially responsive.

### **1.6.2 The Faculty of Humanities, UCT**

The faculty of Humanities is one of the largest faculties in the University of Cape Town, with a range of diverse programmes of instruction (UCT, 2008). There are three main reasons why this faculty has been chosen for the purposes of this study:

1) In the past fifteen years, the South African government has focused mainly on promoting the Sciences, Technology and Commerce. The State's investment in research and development has increased five-fold over the past eleven years, but Humanities and Social Sciences seem to have been overlooked (Morris, 2010 ). Now, the Humanities and Social Sciences are being recalled to take their place as "leaders in our struggle for transformation and development of South African Society" (Nzimande, cited in Morris, 2010:1). This study is directed at this new transformation of Humanities

and its ability to influence society, by exploring the curriculum of the Faculty of Humanities with regard to disability issues.

2) A wide range of professionals come out of the Humanities. The effect of this is far reaching as “most director generals or people at chief directorate levels are from the Humanities and Social Sciences” (Sitas, cited in Morris, 2010:1). They become employers and policy makers. If they do not encounter disability issues within the curriculum, they may discriminate against disabled people because of ignorance.

3) The study of disability contributes to expanding theories on disability in humanities. This is because it contributes to issues of diversity and how we deal with difference. The most “obvious way that diversity contributes something of value to a community is by providing a variety of perspectives with which to search for the truth” (Woodcock, 2009:262).

### *1.7 Purpose of Study*

The study seeks to discover if any knowledge or information concerning the issues around disability is currently being taught and researched. This includes what has been taught in the curriculum of the Faculty of Humanities in the past year and researched within the curriculum of the Faculty in the past three years. The study also seeks to discover how disability is included in the curriculum and the experiences of disability inclusion.

### *1.8 Research Aim*

This study seeks to describe the extent to which disability issues are included in the curriculum of the Faculty of Humanities and the way in which it is included.

## *1.9 Research Objectives*

1. To describe the nature of disability inclusion that is currently within the curriculum, in both teaching and research.
2. To identify what disability policy frameworks are being used to explore disability issues in the curricula of programmes.
3. To identify the challenges of disability inclusion within the curriculum.
4. To describe the successes of including learning material related to disability.

## *1.10 Contextualizing the study*

This study is framed within the human rights and equal opportunities framework according to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006), which holds as its tenet equality and the respect for human dignity. Calma (2009) argues that all aspects of a person's human rights are interconnected, because one cannot simply advocate for the health rights of a person, while neglecting the cultural, political and social rights of the individual. So in advocating for disabled persons, one must advocate in totality and not focus on one aspect only. For example, the health concerns. This advocacy is also influenced by the knowledge and the attitude one has related to disability.

One of the biggest challenges disabled people face in the world are attitudinal barriers and discrimination. These are the major factors that influence societal participation for disabled people (WHO, 2011). They have huge implications for inclusion of disabled people and the mainstreaming of disability issues. Therefore it is reasonable that disability inclusion issues at all levels must become an issue of priority and be properly addressed. We must begin to interrogate what an inclusive environment would be for the disabled people, and our ability to contribute as a collective towards creating this space.



In terms of disability there are two main models explored in this study, the individual and the social model. The social model is derived from the human rights framework and is utilized in framing this study. This will be further discussed in Chapter 2.

In line with this framework, literature revealed that many studies relating to disability specifically are focused on accommodation of disabled students in HEIs (Vogel et al., 1999; Tagayuna et al., 2005; Murray et al., 2009; Lynch and Gussel, 2001; Getzel, 2008; Konur, 2006), with very little information published on inclusion of disability issues within the curriculum of HEIs. Even less has been written about how this inclusion can be achieved (Lovell, 2006). There is also minimal information related to this study within the African context. This study seeks to contribute towards bridging both these gaps.

Some HEIs which will be discussed in the coming chapter, however, are beginning to include disability within the curriculum (Peel and Posas, 2009; Gazzola, 2010; Barnard and Lan, 2007; Duncan et al., 2006; Treby, Hewitt and Shah, 2006). This inclusion of disability in the curriculum is aimed at challenging students to examine their own, the health services and society's attitudes and prejudices towards disability. In the United States, Temple University includes disability in the curriculum, by offering a course that explores the historical, cultural and socio-political challenges and accomplishments of the disability community (Bryen and Shapiro, 1996). This engagement with diversity would greatly contribute to reduce social intolerance, which is evident in some HEIs.

### *1.11 Summary of Chapters*

The summary of all the chapters below gives an overview of the entire study, the focus of each chapter and the key points raised within each chapter.

#### **1.11.1 Chapter one**

The first chapter is an introduction to the thesis, and also gives the research question and objectives of the study. The conceptual framework of the study is from the Human Rights and equal opportunities Framework as stipulated by the United Nations

Convention on the Rights of Persons with Disabilities (UNCRPD, 2006). The relevance of interrogating the lens we view disability with is stated, as this impact on societal attitudes towards disabled people.

### **1.11.2 Chapter Two**

In this chapter the literature on disability and its definition is reviewed. Disability studies have evolved from the domain of the individual framework of disability which looked on disability as a human deficit. Over the last three decades, the view of disability as a social construct is becoming increasingly predominant. Although the individual perspective of disability historically affected the growth of disability in the curriculum across disciplines, various disciplines have begun to include disability in their curriculum.

### **1.11.3 Chapter Three**

The chapter discusses the methodology and design of the study. The reason for adopting a qualitative, descriptive methodology, with a case study design is given. The processes of data collection, management and analysis are presented, with ethical considerations and the steps taken to ensure rigor.

### **1.11.4 Chapter four**

This chapter presents the findings of the study. The participants' opinions and viewpoints regarding the study interest are recorded, supported by relevant quotes. The understanding of disability, teaching strategies for disability inclusion, the policy context discussed in class and the participants' experience of inclusion are presented.

### **1.11.5 Chapter Five**

This is the discussion chapter which discusses the outcomes of the study, relating it to existing literature and practices. The key areas of discussion focused on the findings related to understanding given to disability, inclusion practices, policy context used in inclusion, experiences of inclusion and disability in research. Findings indicate that one of the greatest barriers to including disability in the curriculum are the challenges experienced by HEIs in creating an environment where interdisciplinary collaboration is encouraged and practiced.

#### **1.11.6 Chapter Six**

This chapter gives a summary of all chapters in the thesis and reintroduces all the main findings. The chapter also covers the study limitations, recommendations, the reflections of the researcher with regard to the study, and the thesis conclusion.

# CHAPTER 2: Literature Review of Disability in the Curriculum

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## 2.1 Introduction and overview

This chapter explores literature about disability inclusion in the curriculum of higher education institutions (HEIs). It begins by first looking at the various definitions of disability, the social and individual models of disability and their relevance in disability inclusion. The chapter also differentiates between 'disability studies' and 'the study of disability', showing the thinking that influences both. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) which influences the social model of disability is elaborated as a framework for the study, which aims to contribute to knowledge on disability inclusion in the curriculum.

## 2.2 Search Strategy

In order to gain a comprehensive understanding of the topics under discussion, the University of Cape Town library electronic data bases were searched. Humanities, medical, social sciences and nursing journals were searched exhaustively. The strategy and portals used in the search for literature is described as the researcher shows the process through which this was achieved.

The data bases used for the study were EBSCOHost, JSTOR and Google Scholar. The search dates were first limited to 2002 to 2011. This restriction was made so that retrieved academic articles would be current and relevant to current context in issues of disability inclusion (Butt, 2010). However, due to the scarcity of articles that relate to the study interest, the search dates were widened to generate enough articles. The search dates were extended from 1980 to 2011. Publications relating to the term 'disability studies'; 'including disability in the curriculum', and 'disability inclusion in the humanities; were used in the research.

Hand searching of the physical books of the University of Cape Town libraries catalogue was also conducted. The University of the Western Cape Institute of Law and Disability, Leeds University Disability Studies Department, and Syracuse University websites were searched. Apart from Leeds and Syracuse University, most of the websites yielded results related to the accommodation of disabled people in higher education institutions, and the impact and roles of various disability service centres in higher institutions, with a comparatively low volume of articles on disability inclusion in curriculum.

### *2.3 Background information on disability*

In this section of the study, the various definitions and understanding of disability will be explored, in addition to the human rights and equal opportunities framework and the role of HEIs towards disability inclusion.

#### **2.3.1 The human rights and equal opportunities framework**

As stated earlier, the UNCRPD created an international human rights instrument policy that enshrined the rights of disabled people. Human right is defined by Healy (2008: 736) as “those rights that belong to all just because we are human”, and this has become the point of reference for a lot of countries and organizations. According to Karr (2011), 147 countries have signed the UNCRPD while 95 countries have ratified it, including the Republic of South Africa, which is the context of this study.

The United Nations General Assembly adopted this treaty by consensus on the Rights of Persons with Disabilities and an Optional Protocol (UNCRPD 2006). The aim of the convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all disabled people, and to promote respect for their dignity (Kanter, 2011). This is in contrast to the International classification of

functioning (WHO, 2001) whose aim is to provide a standard framework for addressing mainly health issues, more than social political issues of disability. In creating this awareness, the United Nations highlights the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development (UNCRPD, 2006).

Despite the tenets of the UNCRPD, Reiter, (2008) is of the opinion that the human rights of disabled people are not given the respect they deserve. Karr (2011) states that it would take more than just the perfect policy document to impact the lives of disabled people. It would take advocacy, raising awareness around the issues of oppression of disabled people and fighting oppression wherever it is found, for disabled people to live as equal citizens as is their right. The HEIs are part of society so should also fuel this change.

### **2.3.2 The role of Universities in influencing societal change**

Kanter (2007) states that historically, universities and HEIs have been important in the creation of forces that are socially based. These social forces have been responsible for bringing about certain radical societal change in the political and cultural domain.

Barnes (2007) argues however, that universities and HEIs have merely reacted to societal situations, rather than being a political force. Universities historically focused on two key functions which included the provision of a certain kind of education for a few privileged people and giving out financial assistance to some other people who were less privileged (Barnes, 2007; Oliver & Barnes, 2010).

However, the World Health Organization (WHO 2001) encourages active involvement in social change by HEIs and states that “ The health of the disadvantaged (street children, immigrants, disabled people, etc) would be improved less by health care, than by University initiatives that affect economics, employment, education and social issues” ( Blumenthal and Boelen,2001:10). It has also been put forward that Universities have

the ability to aid in societal transformation by their unique talents and resourcefulness, and their ability to work together and collaborate with various societal groups (Blumenthal and Boelen, 2001).

This emphasis on the influence of universities is taken further by Price (2012) who states that universities influence the caliber of future leaders in a country. Since our future leaders are influenced by the curriculum, the argument for an inclusive approach with regard to issues of disability becomes even more important. There is now a conscious effort at creating an inclusive institutional environment, where everybody can be equally represented. We are witnessing “far-reaching changes not just in the role and organization of the university, but also in the very nature of knowledge production itself” (Barnes, 2007: 136).

Clements and Read (2008:3) support this advocacy for transformation by stating that:

The most restricting and debilitating features in the lives of disabled people were not a necessary or inevitable consequence of living with impairment. Rather, it was held that these restrictions were socially and politically constructed and could, therefore, be changed by social and political means.

This claim means that the impairment the disabled person has is more easily overcome than the societal stigma and stereotypes attributed to disability, and the stigma can be impacted positively with the influence of the various universities and HEIs. If society is positively influenced, there can be a better quality of life and more opportunities for disabled people to participate in their environments (Pal, 2011). Konur (2006), writing about teaching disabled students in the higher institution, stated that stigmatization prevents proper dissemination of services and information around disability. The “inability of people with impairments to undertake social activities is a consequence of the erection of barriers by a non-disabled majority” (Thomas, 2002:39).

Institutions of higher education are not only regarded as agents for social change, but also serve as “engines of economic development, and are at the vanguard of inquiry and generation of knowledge.” (Strauss and Sales, 2010: 80). However, there is still societal stigmatization and marginalization of disabled people which inhibits reasonable accommodation and participation (Karr, 2011). Universities and HEIs need to address this discrepancy as they have the capacity and influence to do so (Blumenthal and Boelen, 2001)

As part of the roles adopted by various HEIs in a bid to mainstream disability and encourage participation of disabled people in society to bring change, HEIs have now started to increasingly create opportunities for education and learning for disabled people (Strauss and Sales, 2010). There is an awareness of the need to ensure reasonable accommodation for disabled people in HEIs as an issue of human rights, and many studies have been carried out regarding this issue (Vogel et al., 1999; Tagayuna et al., 2005; Murray et al., 2009; Lynch and Gussel, 2001; Getzel, 2008; Konur, 2006). This places disability within the human rights and equal opportunities framework.

## *2.4 Definitions and frameworks of disability*

In the process of mainstreaming disability issues as stated above, it becomes relevant to examine what lens the HEIs and society as a whole, view disability with. The perspective or definition adopted changes constantly and impacts on how society deals with disability issues (Anderson, 2009). In the African setting for instance, there is a need to constantly ensure that the definition given to disability is context specific. The perspectives of disability are often transferred from the North to the South, and influence the definition given to disability in these developing countries (Grech, 2011). This can give rise to the creation of policies that are ineffective as they do not fit the context they exist in, and so have no positive influence on the lives of disabled people.



Literature revealed a variability of definitions of disability. According to Siebers (2005) disability helps us see our differences as humans, and allows us to challenge our various beliefs and perspectives. Therefore it becomes relevant to critically examine the lens or model we use to view disability. A model can be defined as a framework that is used to make sense of information (Coleridge, 1993); it embodies particular knowledge and perspectives and shows links between data. Ideas can shape models, and models equally shape ideas. A model may shape ideas so well that it becomes regarded as the 'right' way of thinking about an issue, hindering at alternative ways of thinking (Hammell, 2006). Disability frameworks are explored in the following section because these frameworks assist in giving clarity to the understanding of various issues related to disability and the current discussion of the inclusion of disability issues in the curriculum of HEIs.

#### **2.4.1 Frameworks for understanding of disability**

The manner in which a phenomenon is presented has a great influence on how it is received or perceived (Brisenden, 1986). The frameworks used to understand disability will influence how disability is perceived. Frameworks for conceptualizing disability fall into two broad, general categories, namely 1) the individual or medical framework and 2) the social framework or social construct of disability.

##### **1) The individual/medical framework of disability**

This framework focuses on the individual and views disability in terms of individual difference. It focuses on the individual as the person who needs to be changed and emphasizes the individual's ability to function physically (Terzi, 2004). It may be the most common understanding of disability, and is attributed to the work done by John Gliedman and William Roth in the field of disability (Lellis, 2007). Within this framework, disabled people are often viewed as members of society under the care of medical

professionals, and are seen to have different needs than their able-bodied counterparts. There is a concern that this framework encourages the top-down approach. This approach is about health and rehabilitation personnel making decisions for the disabled person regarding their health and treatment outcomes, because the diagnosis from the medical personnel is regarded more highly than the opinion of the disabled people (Brisenden, 1986).

In attempting to define this model, the individual model can be understood as when an individual's

body structure or function is perceived to deviate from socially recognized norms and comes to the attention of healthcare professionals who assess, diagnose and legitimate the person's impairments. Any restriction of activity or social disadvantage that the individual confronts in his or her everyday life is deemed to be the inevitable and tragic consequence of this impairment.

(Thomas, 2002 cited in Hammell 2006:55)

In an article which addresses the concerns disabled people have about the individual framework of disability, Brisenden (1986), states that questions about the quality of life of disabled people have sometimes been presented as something of an intrusion upon the purely medical thinking. This happens because the medical profession's role in the construction of a definition of disability is incomplete. Brisenden asserts that this definition has shown disability as mostly a medical problem, and totally relegates the sociological and psychological aspects of disability to the background. It does not take cognizance of the fact that frequent hospitalization and medical treatment is in itself one of the most disabling factors about being disabled. Any viewpoint of the disabled person goes unnoticed (Campbell, 2009). One should instead look at life as a whole, and allow disabled people to take decisions for themselves based on all the factors that affect their lived experience, not just the medical ones. It is however, relevant at this point to emphasize that the medical/individual model is different to medical treatment. The 'medical' term in this framework relates to categorizing the disabled person according to their impairment, and focusing on treating the impairment for the person to

function. It does not necessarily refer to the medical profession in particular. This model differs from the social model which states that every aspect of the lived experience of the disabled person should be considered with regard to issues of inclusion.

## 2) The social construct of disability

The social construct of disability was developed by disabled scholars and advocates in the U.K. and the U.S. in the last quarter of the 20th century (Couser, 2011; Terzi, 2004). However according to Barnes (2011), the most important challenge to official definitions of disablement came from a British organization formed in 1974: the Union of the Physically Impaired Against Segregation (UPIAS) which takes note of the fact that disability is shaped by factors over which the individual has minimal control such as social, environmental, or organizational factors. There are several variations within the model, but one essential commonality is the understanding that, like race and gender, disability is a social construct which differs over time, and also from culture to culture (Couser, 2011; Garland-Thompson & Stoddard-Holmes, 2005) and it must be included as an issue of diversity so that daily oppression experienced by disabled people can be addressed (Olkin, 2002). The statement is in agreement with Anderson's (2009) view that disability changes depending on societal perceptions. Unlike previous traditional approaches, the social model makes a distinction between impairment and disability and focuses on the societal context (Basselin, 2011, James & Wu, 2006,). This is explained in the next section.

However, the social construct has also been criticized for not adequately addressing the needs of those with conditions like serious mental illness and cognitive challenges. The assertion above is given because with regard to disability, intellectually disabled people are even more stigmatized and less 'visible'. Even the universal sign to indicate disability has been the wheelchair. The social model draws more attention to the physical and environmental rights to access and participation for disabled people. This can be enforced by law. However the stigma and attitudinal behaviour that are key to accommodation of intellectual disability especially, cannot be effectively enforced by

law. When referring to writing by Tom Shakespeare, Couser (2011) states that the model is most beneficial to wheelchair users in particular, rather than representing all disabled people with varying health conditions. The social model is also seen as having merely replaced the dominance of the medical practitioner within the individual model, with the dominance of the sociologist (Dewsbury et al., 2004). The social model also has two different approaches, one being more focused on structural and material conditions as in the UK version while the other approach focuses on issues of how the disabled person is represented which is more prevalent in the USA (Priestley, 1998). Priestley argues that this has outcomes for politics and research as each approach has a different focus. In research the approach from the structural and material perspectives focuses on issues of access and equal participation. On the other hand, the approach that is concerned with the issues of representation often focuses on issues of identity and interrogating the various ways that society views disability.

Disability studies scholars, activists and artists, however, do not seek to deny or to simplify the existence of impairment (Rembis, 2010), but it is not regarded as the cause of disabled people's economic and social challenges. Rather, these challenges are blamed on the various ways in which society inhibits the disabled people from participating in the economic and social activities in the mainstream environment, which is a human rights issue.

This is because what the social construct pushes, which is the right to respect, equality, education, and access, among other issues for disabled people is enshrined by the United Nations as the rights of every individual (UNCRPD, 2006). These basic rights are not just obligatory, but are owed to every individual, it is inherent to each person (Buchanan, 2005). The issue of human rights however, should not only focus on what is owed and given, but also on the obligations that come with these rights. There is a responsibility aspect to human rights which must be brought to the forefront as well (Ife and Fiske, 2006). This will take the human rights issue from an individualistic to a collective focus, which will make it similar to the tenets upheld by the ethics of care and *Ubuntu*.

This model has been the paradigm that has had the most influence on how we understand disability today and the opinion, position and roles held by disabled people (Dewsbury et al., 2004). This view of disability as an interaction between a person and the environment has been propagated by the UN (2006) as a lens for defining disability. The UN asserts that society must make the changes that are needed in social institutions and ways of thinking, to accommodate disabled people and recognizes

that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.

(UNCRPD, 2006)

The social construct has influenced policies, teaching and research, aiming to create awareness on the issues of disability. Disability Studies is based on the social model of disability, which emphasizes on the influence the environment and social context has on the disabled person. According to Kanter, (2007 : 22)

Disability Studies generally refers to the examination of disability as a social, cultural, and political phenomenon, which counters the notion of disability as an inherent, immutable trait located in the person. Disability Studies sees disability as the result of socio-cultural dynamics that occur in interactions between society and people with disabilities. It rejects the view that disability is solely a medical problem or a personal tragedy. Instead, Disability Studies places the responsibility for re-examining and repositioning the place of disability within society not on the individual, but on society itself. Disability Studies, therefore, challenges the role of normalcy in society.

This factor of societal inclusion and participation for disabled people is a key aspect of the ethic of care framework and *Ubuntu* for understanding disability and in this it is

similar to the social model. The *ethics of care* framework approach to disability goes beyond looking at just the physical and mental challenges. The ethic of care is about the physical labour we put into taking care of ourselves and others, and the attitude we have that influences the labour. It is a two-way experience. An *ethic of care* speaks to the fact that when we care for someone with a genuinely positive attitude, that person will be responsive to our efforts, which in turns reveals to us, what the person's needs are. So there is a binding relationship that is emphasized between the 'carer' and the 'cared for' (Kittay, 2001) . The ethics of care insists that disability is also about class, gender, race, oppression and privilege among other factors (Knoll, 2009). The similarity between disability and feminist theory is quite evident. This is because most issues that disability scholars are dealing with now, are issues that feminist studies scholars have equally been dealing with, mainly issues of identity (Garland-Thomson, 2002). All these combine to create the experience of disability, which makes disabled people part of a culture (NASW, 2006 cited in Mackelprang, 2010) much like religious diversity, or people who are gay, lesbian, or transgender. This issue of culture is a very strong aspect of *Ubuntu*.

*Ubuntu* which is an African philosophy holds on to societal unity as one of its tenets. Every member of the society is valuable and mutual respect and harmony is encouraged for all (Malisa, 2011). Humanness is at the heart of *Ubuntu*, where the good of the collective is put above that of the individual (Higgs and Van Wyk, 2007). It is a belief system that embodies compassion, and human dignity is held to be important (Nussbaum, 2003). Within these two frameworks of an ethic of care and *Ubuntu*, is an interconnectedness of humanity where our need for each other is emphasized.

To the extent that social constructionist approaches look on society as the focal point of disability, and argue that disabilities are caused by the way in which society is structured, they resemble the frameworks mentioned above. Stereotypes and issues of access are construed by the social order and define what 'normal', difference and capacity are. Goodley and Runswick-cole, 2010) agrees with the social construction of disability and states that there is a need to constantly analyze our thinking around this

social construction. This reflects the impact social perspectives have on disability, hence the current focus on the social model of disability as a way of exploring the issues of disability (Rothman, 2010; Lellis, 2011). The individual model on the other hand, focuses on fixing the impairment the individual has, so that they can fit into society.

The social model differs from an ethics of care or *Ubuntu* framework as it can be seen as promoting the human individual rights. Both *Ubuntu* and the ethics of care frameworks advocate interdependence, rather than independence of an individual. The inclusion of these philosophies above will help us understand that we can all learn from disability. We will begin to see that disabled people are not just a receptacle for our charity, but people who bring meaningful influence or contribution to our human experience in differing ways.

Increasingly, the social model of disability is being put forward as an influencing factor for the definition of disability and various social and disability policies.

## *2.5 Disability inclusion in the HEI curriculum*

The literature search revealed that many studies relating to disability specifically are focused on accommodation of disabled students in HEIs (Vogel et al., 1999; Tagayuna et al., 2005; Murray et al., 2009; Lynch and Gussel, 2001; Getzel, 2008; Konur, 2006), with very little information published on inclusion of disability issues within the curriculum of Higher Education Institutions (HEIs). Even less has been written about programmes to address this inclusion in the curriculum (Lovell, 2006). Curriculum has been conceptualized in this study at three levels; the intended or planned curriculum which is an overarching framework that influences what is taught in class, the actual content taught in class which is the enacted curriculum and the interaction that occurs in class which is the live curriculum, and the hidden curriculum. The hidden curriculum is the unintended outcomes of the learning experience, what the learners pick up or emulate unconsciously (Billett, 2006) like taking turns, waiting in line, being respectful

and courteous and so on. This is not strictly part of the curriculum framework (intended curriculum), but the students still get to learn this by default, that is the hidden curriculum. The hidden curriculum is also referred to as 'unstudied' or 'implicit' curriculum (Sage, 2005).

However, disability inclusion can occur at any level of the curriculum and does not relate in totality to any one discipline, but a more humanistic approach can be used to emphasize the intersectionality of disability, taking various contexts into consideration (Paetzold, 2010). Silver et al (1998) takes inclusion further by discussing the concept of universal design which has the ability to inform the way inclusion is conceptualized in higher education.

The understanding given to disability can be "awakened and invoked as a resource to integrate more disability-related content" into the curriculum (Ware, 2008: 577). The understanding one has about disability influences the manner in which it is included in the curriculum. Also according to Osler, (2000 cited in Chaney, 2011), the curriculum in schools plays a crucial role in challenging prejudice and promoting equality, this is an indication of the influence curriculum has on perceptions and attitudes. In this section, the role of disability studies in promoting an interdisciplinary, social model approach to disability inclusion in the curriculum is examined.

Although the development of disability studies as an academic discipline is definitely linked with the rise of the disabled people's movement in the 1970s, a lot of the literature related to disability inclusion in the curriculum was published in the 1980s. Herein lies the difference between the *study of disability* and *disability studies*. According to Kanter (2007) there are significant differences between the *study of disability* and *disability studies*.

Firstly, *disability studies* consider disability as a natural part of the human condition, not a defect or impairment of the person that must be removed or treated. It aims to "fix" systems to be accessible to disabled people rather than "fixing" the individual to better



fit into existing systems which is the focus of the traditional view of disability. Secondly, *disability studies* differ from traditional paradigms for viewing disability because disability studies research is not only about research or statistics that count and categorize disabled people. Instead it shows that disabled people are self-respecting individuals who can contribute their quota to society in their own “different” ways (Kanter, 2007).

In the traditional methods of research the power often is with professionals, who are considered ‘experts’, with disabled people as simply the object of the research.

*Disability studies* on the other hand, oppose this practice by viewing disabled people themselves as experts, and professionals as people who may know about various sociological, medical or legal conditions that affect disabled people (Kanter, 2007).

Disability studies equally challenge the perception that disability is a tragedy, and assert that disabled people do not necessarily see themselves like that. These are critical perspectives which need to be explored with regard to disability inclusion. The field removes disability from any one discipline and shifts it into a more humanistic approach that discusses how mind, body, and power are linked both historically and socially (Paetzold, 2010).

The issue of justice has always played a role in the way disability is understood. In America for instance, the passage of the American Disability Act (ADA, 1993) started a major shift toward understanding disability in terms of social justice and diversity (Derby, 2011). In South Africa too, there are numerous examples of disability, racial and gender intolerance that exist in institutions of higher learning that call for a response for social justice and the acceptance of diversity.

An incident of racial intolerance in the University of the Free State (Macgregor, 2008) motivated a government inquiry into inclusivity of HEIs in South Africa. Amongst other findings, this inquiry revealed that staff and students with disabilities often suffer discrimination and denial to equal opportunity (Morris, 2010). HEIs are now being asked to promote inclusive institutional cultures (Morris, 2010). These cultural structures, and

values that run throughout the HEIs, are equally those underlying assumptions that influence how society engages with disability issues (Gabel, 2010). This shows the relevance of these institutional cultures to disability inclusion practice.

This issue of establishing an institutional culture that promotes an inclusive environment has influenced the Association on Higher Education and Disability (AHEAD) Arizona to develop an ethical framework which looks at the need to create an accessible institutional environment for inclusion (Strauss & Sales, 2010). AHEAD asserts that it is necessary to constantly re-examine our hidden assumptions and personal biases and how these influence the quality of assistance given to disabled people (Strauss & Sales, 2010; Guzman & Balcazar, 2010).

Various studies have also accessed faculty staff knowledge about disability and how this impacts on their attitudes towards disabled people. One such study carried out in the faculty of Engineering and the Built Environment, in a university in South Africa, has shown that although faculty members are willing to accommodate disabled people in their programmes, they do not have the relevant knowledge required to support this desire (Mayat & Amosun, 2010).

In the field of medicine the curriculum is still mostly being influenced by the individual model. In a study that was done across medical schools in Australia, United Kingdom (UK) and the United States of America (USA), results showed that the medical curriculum was lacking when it concerns disability training given to health professionals (Campbell, 2009). The training followed the top-down approach of the individual model, where the professionals were considered the expert, not the disabled person. Campbell (2009) also discussed the results of a survey of some British schools done by Kahtan et al. (1994) which equally showed this inadequacy of disability inclusion.

On the other hand, the study showed that certain medical schools did include disability and these were Bristol University, University of West England, Peninsula Medical School, University of Dundee, Tulane University, St Georges, University of Leeds and

the University of Edinburgh. These schools included disability in their curriculum in the form of disability awareness workshops, drama workshops, and as a structured teaching program. However, practice learning sessions were identified as the most prevalent method of disability inclusion. While practice or service learning is one way through which the collaboration between disciplines can occur, including the empowerment of communities (Hicks-Goldston, 2011), Campbell (2009) insists that this is not enough as students need to gain knowledge of various theoretical concepts relating to disability to engage with.

In a bid to include disability in the curriculum, the University of Florida pharmacy department identified areas of similarities between disability studies and the cultural competency course within their curriculum by relating disability to a culture (Thomas-Smith et al., 2011). Thomas -Smith states that drawing from various definitions of culture revealed that disabled people share a collective identity, common history, common experiences, shared beliefs, values, and norms, which makes them a unique culture. Rembis (2010) however, states that the diverse nature of disability requires a wider definition of disability which consequently makes it challenging for the disabled people to negotiate a shared identity, a common culture, or a collective consciousness.

Other studies also focus on the law and different disability specific policies and their impact on relevant aspects of disability. In an article that reflects on the relevance of including disability studies in discrimination law, Paetzold (2010) stated that one should not simply assess the curriculum by looking at what is currently included. Rather one should also examine what could be added to accomplish certain specific outcomes, as this would enrich the curriculum. Another study based in the University of North Carolina, which looked at the University's approach to the disability civil rights movement, showed the relevance of engaging in public debates and discussions with regard to disability policies for awareness creation (Lellis, 2011; Gabel, 2010; Kanter, 2011). This is an example of the level of influence universities can have concerning disability issues. In the USA, Temple University offers a course on disability studies that

includes the historical, socio-political successes and challenges accomplished by the disability community (Bryen & Shapiro, 1996).

## *2.6 Disability inclusion in the humanities*

Historically, disability studies as a field has long been a concern in the fields of medicine and the social sciences, which approached it as the *study of disability*, not *disability studies*. For example, Barton argues that mainstream sociology has shown little interest in the issue of disability in the past and has often accepted the individual model which was the dominant model for viewing disability (Oliver and Barnes, 2010). First, disability studies resulted from the experiences of everyday struggles of disabled people and their organizations and the writings of disabled and non-disabled academics. The outcome is that disability studies developed as an academic discipline based upon the social model of disability and the experience of the disablement process.

Second, the links established between disabled people, their organizations and disability studies have remained constant (Barnes, 2007) and this has buttressed the fact that disability is more than just a medical issue. This connection between disabled people, disabled people organizations and disability studies as stated above, has created opportunities to view disability in a different way which focuses on an interdisciplinary way of exploring disability, based on the humanities (Ferri, 2008). This interdisciplinary method goes beyond mere collaboration, to laying emphasis on the importance of the realization that no one discipline has the absolute knowledge regarding disability (Campbell, 2009). Regarding the mainstreaming of disability studies, an unhindered and full interdisciplinary disability studies is advocated by Lubet (2009), disability studies that will appeal to all irrespective of their discipline.

Within the humanities there is the development of disability studies that is focused on using disability as an interpretation of human difference and a social construct (Garland-

Thomas and Stoddard-Holmes, 2005). The basis of this perspective is that the exploration of issues around disability is based on the lived experience of disabled people rather than just the medical conditions or impairments that they have; it is a relational and cultural issue (Campbell, 2009). Garland –Thomas and Stoddard-Holmes (2005) state that disability is equally about the way society perceives and treats the body and the lived experiences of these bodies. Disability cuts across several disciplines in the humanities and plays various roles within the curriculum; disability introduces issues of equal representation and social justice, rights issue, and enablement and capacity for all, which is a positive inclusion to the curriculum. Based on the examples above, disability is interdisciplinary, it is not just about bodily impairments and capacity (Garland-Thomas and Stoddard-Holmes 2005).

### **2.6.1 Successes of disability inclusion in the curriculum**

Disability inclusion in the curriculum has come a long way from being the sole domain of the medical professions to being included in the humanities and represented as a social issue. Although the individual model has been the generally accepted model for disability, the thinking about disability has been changed and successfully included in certain curriculums.

White (2004) discusses how having a disability does not necessarily make teaching better, however including disability in the curriculum has provided very good insights for both teacher and students in their thinking. This relates to Derby's (2011) statement that disability has the ability to influence our perceptions of ourselves and others. Engaging with disability issues can give us a better understanding of ourselves and help us interpret the experiences we have as human beings; disability studies basically help humanity understand who they are. Disability studies must equally be included in all other existing disciplines, because of the way disability studies can influence thinking and the way people view the world (White, 2004).

The prevalence of the perception of disability as a socio political issue has been attributed to the fact that disability inclusion in the humanities has been exploring various representations given to disabled people and their culture (James and Wu, 2006). These representations from the humanities are richer because they are primarily based on issues of human rights and culture (Ware, 2006). This engagement with diverse interpretations of disability has allowed for a successful shift to begin in the societal focus of understanding given to disability rather than just the acceptance of the individual model of thinking about disability.

### **2.6.2 Challenges of disability inclusion in the curriculum**

The birth of the social model of disability made it relevant to challenge previously dominant thinking around disability and create a space to interrogate disability related issues, interpreting these issues as issues of culture, social construction and human rights in the curriculum (Terzi, 2004). However, there have been certain barriers that have impacted on this process.

One of the major challenges identified in disability inclusion is the constant struggle faced by disability studies scholars in trying to introduce diverse ways of perceiving or exploring disability. This challenge is attributed to the historical dominance of the individual model of disability due to the influence of the medical profession (Ferri, 2008). However, referring to the medical profession here does not mean that the individual model is necessarily synonymous with the medical profession, but merely shows the origin of this way of thinking about disability and its greatest support.

This medical way of thinking also poses a challenge in the field of education. Ferri (2008) states that there is a difference in disability inclusion approaches in the fields of special education and disability studies education. Disability was traditionally included in the curriculum in special education using the medical view by focusing on the impairment the individual has. Disability studies education on the other hand, looks on the lived experiences of the disabled people and how social and cultural contexts

construct disability. Ware (2006) states that educators are too fixated on the individual model of disability in their teaching and should engage with the social model of disability. She advocates the inclusion of the lived experiences of disability in the curriculum of teachers to begin to affect this change.

However, disability is marginalized in the curriculum. Olkin (2002) gives an example of how, although psychologists will come across disabled people in their careers at one time or the other, their curriculum hardly prepares them for this. All the diverse contexts that relate to and shape disability are not taken into context when teaching (Mathews, 2010). The curriculum labels disabled people, rather than engaging with broader social theories regarding disability. Because the issue of disability is not a major part of the curriculum, students are often not interested in doing disability related research so no new literature is added.

With regard to the inclusion of disability in the curriculum, funding and the attitudes of medical professionals have been identified as a challenge to running some programmes in certain schools (Campbell, 2009). A study was carried out in Australia looking at medical schools and their perspectives regarding disability in the curriculum, (Campbell 2009). The study concluded that disability in the curriculum was fuelled by individual interests rather than by any institutional agenda or guidelines given by policy on inclusion. This creates a challenge to the inclusion of disability in the curriculum.

The control exerted by the health care professionals historically has also been hard to shake off. Doctors still have a strong influence on societal perspectives regarding disability. Due to the predominant use of the individual model by the health professionals, society has been impacted by this model (Campbell, 2009). Campbell states that the fact that doctors are in denial of this, makes the inclusion of disability as a social construct even more difficult.

An apparent practice among faculties as shown in literature is that individuals often decide on the best way to include disability in their curriculum in relation to their

discipline (Campbell, 2009). Although the social model of disability has become the influencing model for disability recently, the impact of the individual model is still far reaching and impacts on the inclusion of disability in the curriculum. Due to the diverse nature of disability studies, there are varied ways in which this inclusion occurs, including as a course in the curriculum, practical interventions, theoretical discussions, as language and culture and socio-political explorations of disability.

However, in spite of these challenges, some HEIs are beginning to include disability issues within the curriculum (Peel and Posas, 2009; Gazzola, 2010; Barnard and Lan, 2007; Duncan et al., 2006; Treby, Hewitt and Shah, 2006). According to Barnes (2007), disability studies is an interdisciplinary discipline, and various disciplines like Geography, History, and the Humanities are including it in their curriculum. Some of the experiences of specific disciplines within the humanities are discussed below.

### **2.6.3 Disability inclusion in social work curriculum**

Historically, social workers have worked in places such as social services, child welfare, residential institutions, hospitals, and criminal justice. Such organizations are structured work places with professionals that mostly maintain official work practices that encourage the top-down approach (Mackelprang, 2010). This fits into the medical or individual model of disability (Meekosha and Dowse, 2007). However, as the perception of disability is influenced by the new disability studies, some social workers are beginning to look towards the social model of disability as another approach to disability issues. Through this change of approach social work can affect societal change:

if social work adopts the social model of disability and embraces disabled persons within a diversity framework, the profession will be forced to address disability issues as a civil rights matter (Mackelprang, 2010:95,96).

In the process of including disability in the curriculum, social work scholars use language that is context specific. Morris (2001) cited in Mackelprang (2010:89), argues



that language is key to understanding and that disabled persons have been extensively subjected to the “insidious power of negative language.” There has been some engagement on whether it is best to use the disability first (disabled people-DP) language or the individual first (people with disabilities-PWD) language. This depends on the context. When referring to people who come for healthcare (persons with schizophrenia for instance), the PDW language is used.

When discussing the disability community for instance the DP language is used (Mackelprang, 2010). It is relevant that one uses the appropriate language in referring to particular situations, as this is used to describe a group, it not only mirrors reality, but creates it according to the language used (Olkin, 2002). According to Rohleder and Swartz (2009), language influences the world we live in and guides our perceptions of ourselves and others around us. So language would definitely influence how disability is perceived and the approach employed in its inclusion in the curriculum of social work.

The University of New South Wales Sydney, as part of the Bachelor of Social Work, includes disability in the curriculum for their social work students with a focus on critically examining both the theoretical and philosophical framework field of disability from the perspective of disabled people (Meekosha and Dowse, 2010). They also assert that whereas most students are familiar with issues of gender, race and class and have learnt to deal with these issues in an adequate and sensitive manner, this has not occurred with regard to disability for the social work students. The students carry out an intervention using a case study approach based on a human rights and social justice model. The students cover a wide range of topics and present their findings to the disabled people in the community (Meekosha and Dowse, 2010). This creates an opportunity for mutual learning about the issue of rights which is an important aspect of the student learning regarding disability issues.

In spite of the growth in the acceptance of the social model in the field of social work, Meekosha and Dowse (2010) note that the service delivery aspect of social work is still much focused on adjusting the disabled person to contribute in specific structured ways towards their own lived experience. This conforms more to the individual model of

'fitting' the disabled person into the system. In spite of these challenges, the disability advocates, disabled social workers, and allies advocate for fully integrating disability into the diversity framework of the social work profession.

#### **2.6.4 Disability inclusion in Education**

Special education has been the aspect of education that always worked with disabled people. However, the framework that has historically influenced the curriculum has been from the individual framework of disability. Now with the influence of disability studies special education, a new approach to including disability in the curriculum of education is being advocated by disability scholars. This new approach will be focused on disability as a social construct, rather than the individual framework which has influenced special education thus far. Regarding the inclusion of disability in the curriculum generally, Ware (2008) insists that educators must be encouraged to probe further into the ways they have come to understand disability in their own lives without any self-recrimination. This can help the understanding that disability is a multifaceted issue. Harvey et al. (2010), in an article on training pre service teachers in the USA on how to create an inclusive classroom, stresses the need for interdisciplinary collaborations regarding inclusion. He insists that if this is not happening in HEIs, then inclusion for disabled people might not be easily realized, and teachers need to learn from broader understanding of disability (Baglieri, 2011).

#### **2.6.5 Disability inclusion in art curriculum**

In attempting to create an inclusive curriculum, a study that was based in the University of Kansas explored disability inclusion in the Art curriculum. The study first focused on the similarities between visual culture studies and disability studies, noting that they both attend to the practices of teaching and learning and focuses on lived experiences

with the intention to deconstruct and transform systems of oppression (Tavin, 2003, cited in Derby, 2011). From this basis, disability was integrated into the overall curriculum.

Related to art and multimedia, students in four United Kingdom (UK) Universities were asked to do a curriculum intervention by including disability issues in courses that had no disability content (Mathews, 2010). They did this by including disability issues in multimedia children's stories. Students were given the option of continuing, or discontinuing, with the intervention. Results showed that students who continued with the intervention, mostly did this out of their emotional response to the representation being given of disability. The decision was based on how they 'felt' about disability during the intervention (Mathews, 2010). This portrays the relevance of a constant reflection, examination and acceptance of the role of emotions when disability is concerned. Ware (2008) also points out the necessity of enhancing teacher education through the inclusion of disability art in mainstream art.

All the previous discussions show that disability is being included in the curriculum as a rights issue, although the influence of the medical model of disability is still strong. Disability can inform our thinking and perspectives, so should be included in diverse curricula as evidenced above. This interdisciplinary 'nature' of disability relates to the study rationale which states the need to include disability in all disciplines, so that there can positive societal attitudinal change towards disability as people get more information on disability.

## *2.7 Disability in Research*

Human focused research began primarily in the medical domain, and research ethics were developed in response to this. The earliest research ethics written was in the 19th century. The Helsinki declaration and various other policies were then constituted in response to the need of protecting vulnerable research participants. However, these policies have excluded some of the most vulnerable participants (McClimens and

Allmark, 2011), such as disabled people. Although there are more researches focused on gender and race however, there has been an increase in disability related research in the last decade (Anderson, 2009). Even so disabled peoples' opinions have sometimes being ignored, even when they have been participants in that research, and this can be traced to the influence the individual model has had on organizations that conduct these researches (Wilson, 2007). Goodley and Moore (2000) also refer to the issue of how to report on research in an accessible manner that disabled people can understand without losing the theoretical meaning of the research. There are complexities like issues of funding and intellectual ownership involved in interdisciplinary research which impacts on the output of disability related research as well.

A study using the content analysis method which looked at twenty years of disability research in the field of psychology showed the dearth of disability related research in coursework. There are currently only an approximated 1% to 2.7% of disability related research publications (Foley-Nicpon and Lee, 2012).

Current disability research now focus on the barriers, capacitation and empowerment of disabled people was made possible by the introduction of the social model of disability into the traditional disability discourse (Merciecia and Merciecia, 2010). This call to research widely into disability has created the need to look for means to ensure collaboration in disability research. Interdisciplinary research is defined here as “individual research or collaboration that reaches across disciplinary lines and draws on different bodies of knowledge, integrating them in an attempt to address problems, topics, or issues of a complex nature” (Erichsen and Goldenstein 2011:2 ). Due to the fact that research is primarily a collaborative endeavour, there is a need to create an environment in HEIs that enhances interdisciplinary research; however this is often not the case.

## *2.8 Chapter conclusion*

This chapter discussed how disability is perceived and how our thinking of disability is shaped. The need to begin to look at alternative frameworks for disability like *Ubuntu* and an ethic of care is also presented. The history of disability and the influencing factors that have impacted on the development of *disability studies*, as opposed to the *study of disability* are also explored.

The role of universities in creating an inclusive environment is considered, as are the various ways in which some disciplines in HEIs are including disability in their curriculum, highlighting the successes and challenges of inclusion. During the search for literature, it became apparent that there was little publication on disability inclusion that focused on the African context in particular.

The predominant model for viewing disability was the individual model which focused on 'fixing' the individual with the impairment, until the social model was introduced three decades ago (Terzi, 2004). The social model views disability as a social and cultural construct, and a human rights issue and although this social model has been advocated by disability scholars, the individual model way of thinking still poses a barrier to inclusion generally. Disability is included in the curriculum in most cases primarily out of individual interest rather than an institutional culture.

The human rights and equal opportunity framework advocates inclusion and equal participation at all levels of society. This lens of inclusion is utilized in the next chapter as the study gathers information on how disability inclusion occurs in the curriculum, and whether this inclusion is seen as an issue of human rights. The study will also contemplate what disability inclusion in the curriculum could mean for equal participation of disabled people.

The next chapter introduces the methodology and study design. The relevance of the chosen design to answer the research question is also presented, including the manner in which the study was conducted.

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# CHAPTER THREE: Methodology and design

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## 3.1 Introduction

This chapter will begin by relating the research question and aim to the approach and theoretical framework of this study. The chapter will also provide an overview of the methodological approaches used and give reasons for the selection of a case study research design that was employed. The study context, participant selection and recruitment processes employed by the researcher will be discussed. This chapter will also show the procedure used to analyse data, rigor, and ethical considerations that were necessary to ensure that the study has the elements of validity and trustworthiness. The different sources of data used will be described and the relevance of using a semi structured interview for data gathering and development of the interview schedule will be further explored.

## 3.2 *The qualitative methodology*

A qualitative methodology was adopted for this study. All research is interpretative, guided by a set of beliefs and feelings about the world and how it should be understood and interpreted (Denzin & Lincoln, 1998). However, the word *qualitative* emphasises on processes and meanings that cannot be looked at in an experimental way or measured with regard to quantity, amount, or frequency (Denzin and Lincoln, 2005). Qualitative researchers explore the nature of reality as a social construction. In a qualitative study,

the researcher uncovers the meanings their subjects bring to their life experiences (Denzin and Lincoln, 2008). The qualitative study is more concerned with themes that emanate from the study, than with specific hypothesis and categorical frameworks or statistics (Cassell and Symon, 1994). These themes are the key issues that emerge from the interview data with the study participants. The use of a qualitative methodology enabled the researcher to elicit these experiences of inclusion and was therefore an appropriate method.

### *3.3 Research design: A case study approach*

The case study approach was selected for the study for reasons that are outlined below. A case study approach is defined as a “systematic and in depth investigation of a particular instance in its context in order to generate knowledge” (Rule and Vaughn, 2011: 4). Case studies commonly explore, describe or explain the case of interest and enable holistic and meaningful, context-related knowledge and understandings about real life events (Yin, 2009). One can examine a particular instance, in this case the nature and experience of disability in the curriculum of Humanities, in great depth rather than looking at multiple instances on the surface level (Rule and Vaughn 2011).

### *3.4 Defining the case*

The Faculty of Humanities at UCT is the context of the case study and the target issue explored is disability inclusion in the curriculum. This study seeks to look in depth at the curriculum of the Faculty of Humanities to identify and describe how disability is included in the curriculum.

The curriculum is defined in this study as planned learning and structured documents which also include, goals and objectives of learning, or the addition of whatever the teacher deems relevant that students should know (Marsh, 2009).



This definition is focused on what is taught to the students primarily, not what is learnt, because the study interest is in exploring different understandings and methods of disability inclusion from the *lecturer's perspective*, and not from the students at this time. Multiple sources of data were used to get information regarding the nature of disability inclusion in the curriculum and these will be described below. The study focus is an area where little previous work has been done, so the case study is also a 'revelatory' case study (Yin, 2009).

The focus of the case study can be a programme or process, institution or an organization. A case study can be used to *explain, describe, illustrate* and *enlighten* in research. In line with the points above, a case study approach was utilized because there is no clear separation between the Faculty of Humanities and its curricula of study. The two types of single case study are the holistic which focuses on one unit of analysis, and the embedded which has more than one unit or subunits of analysis.

Based on the definition above, the design of this study is an exploratory, descriptive study (Sandelowski, 2000), adopting an instrumental, embedded single case study approach (Luck et al., 2006). There is no interference with variables and no attempt to find out the causative factor (Jacobs, 2010). A descriptive study is used when one desires to describe an event or phenomena (Sandelowski, 2000). This study seeks firstly to, 'document and describe the phenomenon of interest', then explore or 'investigate little –understood phenomena' (Marshall and Rossman, 1999: p 33).

The study is instrumental (Rule and John, 2011) because the researcher is exploring this case due to an interest in this particular case. Although the research might inform similar research in other Faculties of Humanities in disability inclusion, the findings of the Faculty at UCT are not strictly generalizable to other faculties. The study also fits into the single case embedded design for certain reasons. One case is being explored, which is disability inclusion in the curriculum. Although disability inclusion in the curriculum is the main unit of analysis, in investigating this case, there was also a need to look at subunits of analysis related to teaching practices of staff, research focus of

the various departments in the Faculty of Humanities, and the lecturer's experience of disability inclusion.

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### *3.5 Data gathering*

Data was collected in 2010 and 2011 respectively. Two main sources of data collection methods were employed in the course of this study, to elicit relevant information in accordance with the case study design. These were:

- A desk top document review of UCT research reports from 2006-2008, Strategic Plans, Mission Statement and the Faculty of Humanities Handbook 2008.
- In-depth interviews with lecturers in the Faculty of Humanities.

The data collection and analysis process for each of these methods are discussed below.

#### **3.5.1 Desktop document review**

The UCT policy documents mentioned below were relevant to this study because they are the overarching policies that influence all other policies at UCT and would show whether UCT policies at the top management level encourage disability inclusion. The section also describes the analysis process for the desktop review.

##### **3.5.1.1 UCT Strategic Goals**

The Strategic Goals are plans to assist UCT in an attempt to highlight what visible changes can be achieved in certain areas by 2014. Out of these six goals, the two Strategic Goals of expanding and enhancing UCT's contribution to South Africa's development challenges and enhancing the quality and profile of UCT's graduates were analyzed as part of the desktop study to discover if the goals, as reflected, are carried through into the curriculum (UCT Strategic Plans, 2009: 11,14). WHO (2011) has put forward that discrimination and marginalization arising from the attitudes of the general society are the biggest challenge disabled people face. The last two goals related

directly to the plight of disabled people, as graduating students who are cognisant with the issues of disability will greatly enhance positive societal change. Also, contributing to the decreasing of stigma against disabled people will directly contribute to the alleviation of one of the key areas of South Africa's Developmental challenges.

#### **3.5.1.2 The UCT Mission Statement**

This document shows the guiding principles of UCT's value systems, and is also the mission statement of the Faculty of the Humanities. It was analyzed as part of the desktop study using the similar processes of analysis for the entire document review (Faculty of Humanities Handbook, 2008).

#### **3.5.1.3 The Faculty of Humanities Handbook (FHH)**

A study of the Faculty of Humanities Handbook for 2008 was conducted. The Handbook contains the course codes and descriptors with the twenty one departments in the Faculty offering over 1,031 courses to the students, including courses offered in collaboration with other faculties like Law, Commerce and Science. An electronic search of the term 'disability' or disabled was done in the faculty handbook.

#### **3.5.1.4 UCT Research Reports**

A desktop study of the UCT research reports of the Faculty of Humanities, research outputs, masters and doctoral theses and publications for 2006, 2007, 2008 was done and all research that mentioned disability was pulled out and stored in a different document and later analyzed.

### ***3.6 Desktop document analysis process***

The desktop study was carried out for the purpose of triangulation. The desktop study links directly to the questions and themes in the interview schedule namely;

- Extent of inclusion, because the amount of disability focused research and disability related courses will reflect how much disability is included.
- Understanding of disability that prevails as the research outputs and course descriptions will reveal if the dominant understanding of disability is as an impairment issue or a social construct.
- Inclusion strategy, as it will show the focus of inclusion within the curriculum and in research.

The data that was gathered from the document review of the UCT mission statement, Strategic goals, Faculty handbook and research reports were analysed using the UNCRPD (UN,2006) and the International Classification of Disability and Functioning (ICF) (WHO, 2001) framework. The definition of the social model was derived from the UNCRPD while the definition for the individual model was derived from the ICF.

Research data was classified according the categories below: (See Table 1)

**Table 1- Desktop document analysis**

Individual model of disability	Social model of disability
<ul style="list-style-type: none"><li>• Focuses on the disease, trauma or health condition.</li><li>• Speaks to individual treatment by Professionals.</li><li>• Management is aimed at cure or individual's adjustment and behavior change.</li><li>• Modifying and reforming health care at the political level.</li></ul>	<ul style="list-style-type: none"><li>• Loss or limitation of opportunities to participate in communal life on an equal level with others.</li><li>• Physical, attitudinal and social barriers that create disabling conditions.</li><li>• Societal change at the political level.</li></ul>

Desktop review data was further classified under policy framework and other if it had the following criteria:

Policy frameworks

- The research data relates to international, national, or University policies that focus on disability.

Other

- If the data did not relate directly to any of the categories above, but has the potential to contribute to health promotion in a way that could impact on disability.

### **3.6.1 Data capturing of document review data**

The data was captured and categorized on an excel spreadsheet. The categories were put in the top row and the research data in columns. The number '1' was put under each category for each unit of analysis if it fell under the particular category and '0' was put down if it did not. After this, all the categories were counted and the number of '1' and '0' put together to create a graph for the desktop study, showing the results.

## **3.7 *In-depth interviews***

This section describes the participant selection, in-depth interview process and data analysis.

### **3.7.1 Participant selection process**

In the interview process only participants who include disability in their curriculum, were selected for participation. The researcher adopted a 'participant selection model' (Creswell and Piano-Clark, 2007). This model is used when a researcher needs to get information for the sole purpose of identifying and purposefully selecting participants for a follow-up, in-depth qualitative study. The selection process for the interviews was linked to the main study, where a survey was carried out in all 21 departments in the faculty of Humanities. The responses from the survey from this main study identified

academic staff that includes disability in their teaching, and they were selected for interviews in this study (Lorenzo, Mckenzie and Ohajunwa, 2011.)

A total of 12 academic staff from the faculty of Humanities indicated that they include disability issues in their curriculum. However, only nine participants were interviewed because on contact, three participants realized that their focus area was not *disability inclusion in the curriculum*, but *working with disabled people*. Since this study is about the inclusion of disability in the curriculum and not teaching disabled students, they were excluded from the study. (See Table 2).

**Table 2 – Study participants**

Participants	Discipline	Core teaching focus regarding disability <sup>1</sup>	Current on-going research regarding disability
1	Africa Gender Institute	Intersectionality	None
2	Psychology	Assessment and counselling	Yes
3	Psychology	Intellectual impairment	Yes (impairment based)
4	Social Development	Socio impact of mental ill-health	None
5	Social Development	Disability and development	None
6	Dance	Othering	Yes
7	Dance	Dance and disability	None

<sup>1</sup> Core teaching focus and current research is restricted to only the time interview data was taken. There could be more research going on currently.

8	Education	Inclusive education	None
9	Diversity Studies	Disability as an issue of diversity	None

### 3.7.2 In depth Interviews

In depth interviews were chosen as these were suited to identifying the nature of disability inclusion, and exploring the challenges and successes of inclusion. The purpose of a research interview is to understand themes of the lived daily world from the participant's own perspectives (Kvale, 1996). A semi structured interview schedule was used for the interviews. Interviews are used in this study because they "offer a rich source of data" (Silverman, 2001: 114) and qualitative interviews are "ideally suited to examining topics in which different levels of meaning need to be explored" (Cassell and Symon, 1994: 33).

The interviews were based on a humanistic framework in which both the type of knowledge gained and the validity of the analysis are based on 'deep' understanding (Silverman 2001). The in-depth interviews contained both semi-structured and open questions. This structure of the interview schedule allows respondents to use their own particular ways of viewing the world and assumes that no fixed sequence of questions is suitable to all respondents, allowing them to raise important issues not contained in the schedule (Denzin, 1970 cited in Silverman 2001:92).

### 3.7.3 Developing the Interview Schedule

Any academic staff member who indicated including disability in their curriculum was asked for an interview. This yielded a rich data source that was used to triangulate data with the desktop document review. The interview schedule is not a formal schedule of questions to be asked sequentially, but it is rather a guide, listing topics that the



interviewer hopes to cover in the course of the interview (Cassell and Symon, 1994). The researcher developed the interview guide (see Appendix 1) from the researcher's own personal knowledge and experience of the area, unstructured discussions with people who have personal experience of the research area and review of literature (Cassell and Symon, 1994). The interview schedule was also revised after consultation with the research supervisors and the piloting of the interview schedule.

The researcher used the data findings from the interview of the main study (Lorenzo et al., 2011) to which this study is linked to identify academic staff who include disability in their teaching.

A face to face interview was chosen because the researcher did not want to lose the non-verbal cues like gestures or voice tone and facial expressions. The cues contributed to the overall feeling of the participants and added meaning to their answers (Butt, 2010).

The last question in the interview schedule asks "Any suggestions on how your department could get involved in disability seminars and workshops? This is aimed at ending the interview on a topic that is not difficult, painful or threatening (Cassell and Symon, 1994). The participants were happy to speculate on, and anticipate possible future collaborations in this field of interest. The interview ends with the researcher asking the participants if there is anything else they want to talk about, then the researcher thanked them and brought the interview to a close.

#### **3.7.4 Gaining access**

In recruiting participants for a study, the researcher followed Cassell and Symon, (1994) three basic steps.

1. Project information letters (see appendix 2) were sent out to the selected participants in the Faculty of Humanities (those that include disability in the curriculum). This was done to explain the project aims, and explain what will be expected of the participants.
  2. This was followed up with phone calls the next day, to ensure that all the participants got the project introduction letters. This was done to give further clarify on the project and answer any questions that might be raised by the participants.
- Some participants needed to understand whether the research was about *disability inclusion* or *disabled student inclusion*. The researcher clarified this explaining that the study was about teaching and researching *disability issues in the curriculum*.
3. Appointments were then given to the researcher for the time most convenient for the participants to grant the interview.

### **3.7.5 The interview process**

The potential participants indicated dates and times and venues that were favourable for them and the appointment was set for those dates. Before the interview, the researcher explained the purpose of the interview and why the participant was invited to participate in the study. Consent was sought for the use of a recorder to record the interviews for transcription. The audio recorder was used because “we cannot rely on our recollections of conversations” (Silverman 2005:183), but can only summarize what different people said depending on our memory. Consent was also given to the researcher to send an electronic mail to participants if the need arose to clarify any issues during data analysis.

At the beginning of the interview, the power differentials became evident. Cassell and Symon (1994) refer to the *high-status interviewees*. These are senior managers of organizations or professionals. The Heads of Departments (HoDs) and other academic staff who are quite distinguished in their fields represented this group in the study. This created some anxiety on the part of the researcher. However, the anxiety was alleviated by the participants wanting to chat about the study and the researcher’s background

first. They also asked why the researcher became interested in carrying out this study and what the researcher aims to get out of the study.

These initial discussions created a more conducive atmosphere for the interview, but also sometimes extended the interview to nearly one and half hours. Being asked to talk about the study was a bit challenging to the researcher, as the researcher did not want to put forward the researcher's own opinions, so as not to influence the interview, but did not want to offend the participant. In this situation, Cassell and Symon (1994) suggest that while the researcher respects the respondents' expert areas of knowledge, he or she should be equally confident of *their* own ability and expertise. This gave the researcher the confidence to address this issue by explaining to the participant that the views of the researcher, if given before the interview, might influence the outcome so the researcher will discuss that at the end of the interview. The participants immediately agreed and this worked well in helping the researcher maintain objectivity.

The researcher has been an activist with regard to issues of disability for a long time, while most of the participants have only just started getting involved in this issue, or have not thought about the issue for a long time. Therefore the capacity for bias to be introduced into the study was recognised by the researcher. This bias was managed by respecting and accepting the views or opinions of the participants as their rights, and not trying to influence their views in any way.

After this initial discussion, the researcher gave the consent form to the participant to read and ensure that their questions had been satisfactorily answered before signing the consent form. The participant signed the consent form and the interview commenced.

### *3.8 Data management*

A recording device was used for the data and the researcher kept notes of the interview process. The identities of the participants were protected by coding all data and removing their names. All data was transcribed verbatim, and then the researcher did data cleaning by editing the data to erase sounds and pauses that were transcribed from the interview, correct tenses and grammatical errors. This was done because the researcher is doing content analysis and not discourse analysis, the nuances in the conversation were not relevant to the study. The audiotapes and transcriptions were kept in a lockable cabinet in the researcher's office and only the researcher and study supervisor had access. The electronic copies were put in an electronic file with a code known only to the researcher. All data will be destroyed after five years, which is the stipulation of the institution in which this study is carried out.

### *3.9 Data Analysis of interviews*

The first step was that the researcher became immersed in the interview recordings and transcripts by listening to and reading them repeatedly. According to Silverman (2005), the value of transcription of taped recording is that they are tangible and visible, which could assist the analysis process. Recorded interviews can be replayed and transcript improved on. In addition someone else who did not conduct the initial research can inspect sequences of utterances without being limited to the extracts chosen by the first researcher. This equally shows that the use of transcripts provides a means of validating the research process.

#### **3.9.1 Preparing the data**

This was done as part of the data management process, which was on going throughout the research process. The researcher kept memos on the process of each interview and the context, to assist the researcher in the interpretation phase of the study.

In analysing qualitative data, the researcher conducted a thematic content analysis. Qualitative content analysis is defined as “ a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns” (Hsieh and Shannon, 2005 :1278). Content analysis is much more than an ordinary technique that simply describes data, but help in giving an understanding of the meaning of communication. (Elo and Kyngas 2007), and to identify critical processes (Elo and Kyngas 2007).

The goal of content analysis is to provide knowledge and understanding of the phenomenon under study, (Hsieh and Shannon, 2005). The conventional approach of content analysis is an inductive analysis in which coding categories are derived directly from the text data (Hsieh and Shannon, 2005). The conventional inductive approach of content analysis was used to analyse the data set. The outcome of the analysis is the concepts or themes describing the phenomenon (Elo and Kyngas, 2007).

### *3.10 Process of Analysis*

Methodologically, the analysis was twofold. First an analysis of each participant's transcript was done, and then a cross sectional analysis was done (Patton, 1980). An inductive content analysis was done to derive emerging themes from the data, and this process was on-going from data collection. Each participant's transcript was read one after the other, and then they were all placed next to each other to identify categories that cut across all nine transcripts.

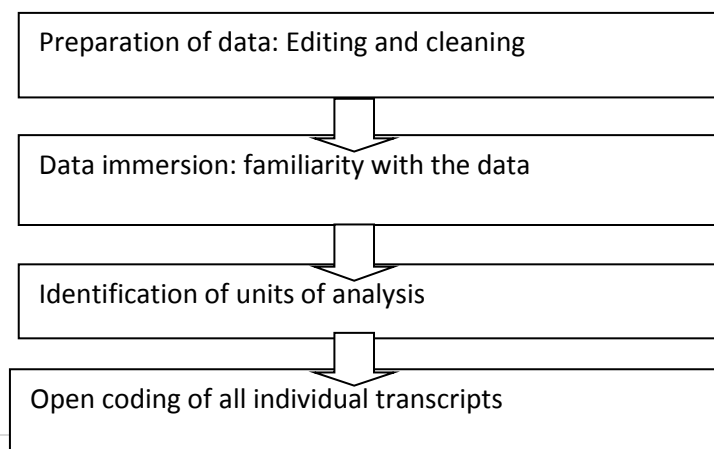
According to Marshall and Rossman (2011), the researcher needs to be intimately engaged with the data. Based on this the researcher read the transcripts several times, to become immersed in the data. At this point, the researcher became familiar with quotations and events in the data and began to mentally identify certain units of analysis that were emerging from the data set. This familiarity with the transcript helped the researcher's ability to identify and select relevant data that spoke to the aim of the

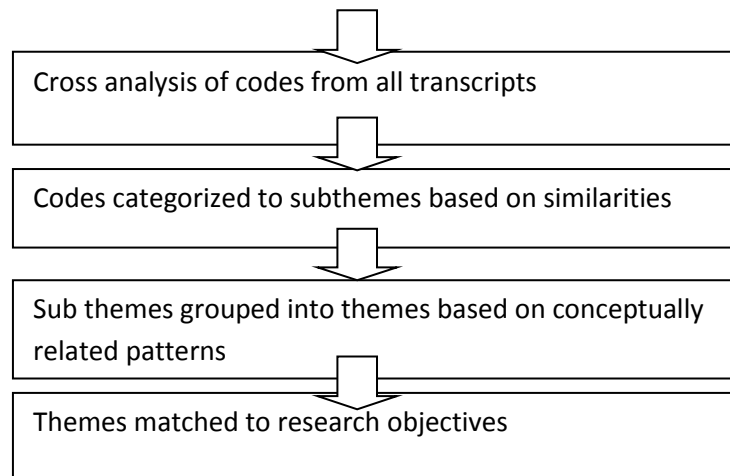
study. Yin (2009) suggests using the study objectives, which are informed by the theoretical preposition as an analytic strategy for selecting the unit of analysis for the study.

Next the researcher coded these units of analysis. Coding is analysis, and involves differentiating and combining retrieved data and the reflections made about this information (Miles and Huberman, 1994). Open or preliminary coding (Elo and Kyngas, 2007; Saldana, 2010) was used to highlight any sentences or phrases that addressed any of the study objectives.

Coding involves identifying and making notes to describe all aspects of the transcript that speaks to the study aim and objectives while reading it. Saldana (2010: 18) also adds that the researcher should code “whatever is striking” from the data, so any comments that stood out and related to any of the study objectives were identified and coded. Some comments that did not directly speak to the study objectives were included in the researcher’s reflections and some were left unused in the transcripts.

All the codes were grouped into sub themes according to similarities in meaning that they convey, and then sub themes were regrouped into themes by further grouping the sub-themes together in accordance with emerging patterns that were related conceptually (Toy and Ok, 2012). The five themes were then scrutinized in comparison to the research objectives and written up in a way that was meaningful to the researcher in accordance with the aim of the research (Toy and Ok, 2012). (See figure 1)





3) Figure 1 – Process of data analysis

### 3.11 Rigor

Rigor was observed throughout this study by ensuring that credibility, transferability, confirmability and dependability were maintained.

#### 3.11.1 Credibility

Member checking and peer debriefing was used to enhance credibility. This was done by letting the participants view the findings of the study before the findings were finalized. The researcher also gave the transcript to a peer to analyse after removing the participants' identities and the conclusions, though not the same were similar. The research supervisors reviewed the thematic analysis in terms of its credibility and acceptability as a reflection of the data. The researcher also engaged in epistemological reflexivity, reflecting on how the research process defined or limited the findings, and how the research design and analysis could construct the data and findings. This made the researcher reflect on the assumptions that had been made in the course of the research and their implications on the research (Krefting, 1991).

### **3.11.2 Transferability**

Thick description was employed to achieve this. Dense and rich qualitative data about the research question was provided by the study. This will contain enough information for any researcher who is interested in transferring the data from this study to make their own analysis. (Krefting, 1991) The findings section has been described sufficiently to allow the reader to make informed decisions and generate an independent conclusion concerning the applicability of the data in other contexts (Butt, 2010). However, the qualitative research is not generalizable as the numbers of interviewees are small and data generated relate to that setting alone.

### **3.11.3 Confirmability**

Confirmability was achieved by the use of an audit trail. The researcher documented the procedure of the research. Study data is described so that one can follow the actual sequence of data collection processes, transformation and display for specific conclusion drawing (Miles and Huberman, 1994). This assisted in making it easier for the researcher to check and re check data throughout the research (Krefting, 1991).

### **3.11.4 Dependability**

Dependability refers to the extent to which the results of the study are trustworthy. The audit trail and peer debriefing also ensured dependability. This was achieved by the researcher in ensuring that data was collected across the full range of appropriate settings, times and respondents as stated in the study proposal (Miles and Huberman, 1994). Multiple sources of data were also used to triangulate data for dependable results. The data set and transcriptions were also given to a colleague to review after removing the participants' identities, to ascertain if the same themes were identified, and a record of reflections was maintained.



### *3.12 Ethical Considerations*

The researcher was constantly guided by the code of ethical conduct provided by the Faculty of Health Sciences Human Research Ethics Committee, University of Cape Town. The study was approved by the Faculty of Health Sciences Human Research Ethics Committee of the University of Cape Town before the study commenced (HREC Ref: 232/2011). The study also adhered to the ethical principles outlined in the Declaration of Helsinki (2008).

**3.12.1 Autonomy** was achieved by explaining to the participants that participation was not compulsory, that they had the choice to withdraw at any time they wanted to.

**3.12.2 Informed consent** was obtained from the participants (see appendix 3 for consent forms). Participants also had the right not to answer a particular question without any repercussions.

**3.12.3 The confidentiality** of the participants was protected by giving them the option not to be identified. The names of the participants were not used in the research and interview documents were stored in a secure facility. Only the researcher and supervisors have access to the information. The confidentiality of participants who contributed to the study was protected. This was done by sending the research findings to the participants, so they could examine and edit the findings before they were published. The courses taught by the department have been given an arbitrary number so that the participants cannot be identified through their course content.

**3.12.4 Justice** was achieved by explaining to the participants that they had the right to ask questions of the researcher and have their questions fully answered to the best of the researcher's knowledge. They were referred to the research supervisors should they

have any concerns that the researcher was not able to deal with. The findings of the research will also be made available to the participants.

**3.12.4 Beneficence** was realized by ensuring that the interviews were carried out in a location that the participants were comfortable with. The researcher was sensitive to the participants' needs of timing and space for the interviews and showed respect for their views and opinions. Participating in this study enabled the participants to express how they had contributed to the phenomenon being researched. A possible risk could be the emission of privileged departmental information. This was avoided by first sending the interview transcripts to the participants before the analysis was done.

**3.12.6 Maleficence** was avoided by doing member checking to confirm that the responses recorded in the transcript was information that the participant was comfortable with.

I was sensitive to the emotional state of the participants during the interview and provided follow up if necessary.

### *3.13 Reflections of the Researcher*

I was committed to this study at different levels and had to maintain a consciousness of this throughout the study. First I have been a disability activist for several years, so had to realize that everybody was at a different level of understanding with regard to disability issues and not push through my own opinions. Secondly, basing the study in the Faculty of Humanities in particular, while being part of the Faculty of Health Sciences, was also conflicting emotionally for me. This is because my background is in special education in another institution in Nigeria, which was closely linked to the humanities. While studying in the Faculty of Humanities in the previous HEI, I was exposed to a certain depth in perspectives on disability. Disability was not seen as just impairment, but as a familial, spiritual and social aspect of existence. It was put forward that one could not engage with disability issues in the absence the total context of the disabled person. This depth or level of engagement over disability perspectives was

lacking in the Faculty of Humanities at UCT. So during this study, I had to constantly fight the strong emotion it evoked to realize that disability was not already an integral part of the Faculty of Humanities at UCT, but was only beginning to be introduced within the curriculum of the faculty. There was also the need to always put aside my previous knowledge and understanding of disability and only express the opinions of the participants and their perspectives as given in the study.

Thirdly, although the fact that I am a staff member of the university which made access to participants less difficult, this position also meant that I could identify with some of the issues that the participants raised with regard to their experiences of disability inclusion. The two aspects that I identified with especially were the experience of time constraints and the need to get relevant authorities in the Faculty involved in the inclusion of disability in the curriculum. During the initial discussions with the participants before the actual interview, the participants often asked me about my experiences regarding disability issues at UCT, and how cooperative relevant authorities had been towards this study. I had to carefully explain that I could not discuss these experiences before the interview, as it might compromise the outcomes of the interview.

I am not a disabled person, but I was pregnant during the writing of my thesis. This often made me reflect on how an unborn child, who is disabled, is already excluded by our existing systems even before they are born. The disabled person is discriminated against even before birth. This brought new personal meaning to the relevance of my study.

Often, the participants wanted to converse with me regarding the interview and their experiences of disability inclusion in their curriculum. When I analyzed my journal, three aspects that constantly stood out were: first, the level of commitment these participants had towards disability. Disability was included from their belief that it is an issue of rights. Even the respondent who focused on the impairment aspect of disability, said that she could not ignore the fact that issues of disability and oppression are all around her, thus recognizing the enormous social consequences of impairment.

The second glaring fact was the eagerness to seek counsel and find out what more they could be doing to introduce disability issues to their students. In spite of their complaints about time constraints and departmental support, four out of the nine participants already had plans to increase the disability related content in their teaching through collaborations with various disability scholars and organizations.

The third fact is the way that the participants reflected on disability in relation to themselves. They often would relate to a time when they were sick or had a broken limb and felt 'forgotten'. They needed the people around them to be more accommodating. One participant had a broken ankle at the time of the interview and related how relieved she was that her colleagues often stopped to hold open doors for her and just ask how she was. The participant related this to the experience of disability and stated how nice it would be if people did not look away from disabled people because they were embarrassed or felt pity for them. These comparisons between the participants' experiences and disability made them more determined to create awareness of disability. It was very encouraging to me as a person to see these examples of good practices in the Faculty of Humanities.

According to Couser (2011), disability is interdisciplinary for a reason. No single perspective defines disability, but it can only be fully understood by ensuring that one gains an all-round or complete and total perspective of disability. Disability needs to be examined in its totality. One cannot fully understand humanity without having first grappled with the issues of disability (Paetzold, 2010). Disability, not ability, is the norm (Paetzold, 2010). This realization has the dual effect of either making people avoid disability issues, to ignore it or rather just look at it from a single desired perspective, or the realization spurs people on to begin to actively get involved in disability and engage with it.

The very fact that disability is central to life is an indication that it is a mainstream issue, and must go into every field of knowledge. The curriculum and its various discourses are an exemplary way to forge ahead towards this goal. However it is relevant to realize

that it is not as simple as that, because the responsibilities go beyond this. There needs to be structural and institutional support to include disability in HEI curriculum; resources made available; the interrogation of our attitudes and thinking regarding disability; and an exploration of what impact or influence this could bring to society.

### *3.13 Chapter summary*

This chapter has given details of the qualitative methodology of the study. The justification for the use of the case study approach was also given: the Faculty of Humanities is the case study and the study interest is the inclusion of disability in the curriculum. The data collection process and analysis was presented. The participants' selection process and the subsequent interview process were explained. The next chapter presents the findings of the study and puts forward the opinions of the study participants in relation to the study interest.

# CHAPTER FOUR: RESEARCH FINDINGS

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## 4.1 Introduction

This chapter revisits the aims of the research and presents the findings which are in two parts: desktop review and interviews. The first part of the chapter presents an overview and analysis of the context of the University of Cape Town (UCT), including the Strategic Goals, and the Mission Statement, and then the context of disability inclusion in Faculty of Humanities, and the UCT research reports. This will be done so that a rich description of the case can be given in line with the case study approach. The second part of the chapter will present the findings of the interviews.

## 4.2 *The context of the University of Cape Town (UCT)*

The University of Cape Town has a leading position as a university on the African continent and plays a role as a global meeting point between North and South. It aims to produce graduates whose qualifications are internationally and locally recognized, supported by frameworks of values of engaged citizenship and social justice, while promoting diversity and transformation within and outside the institution (UCT Research Reports, 2008). In a bid to achieve these aims, UCT has developed a Statement of Values and the Vice Chancellor's Strategic Goals. The Statement of Values provides a framework that informs and governs appropriate and acceptable behavior, and serves as the foundation for a range of university policies. Although there are various other policies specifically related to other faculties, only the UCT Statement of Values, Strategic Goals, Mission Statement, research reports that are specific to the Faculty of

Humanities and Faculty of Humanities handbook were analyzed for this study. The following five sections report on the findings of the desktop review that was carried out.

#### **4.2.1 UCT Strategic Goals**

These are plans to assist UCT to highlight what visible changes can be achieved in certain areas by 2014. These areas include a commitment to social justice and democratic values, and the desire to foreground these through its research, the values of its graduates and its social responsiveness activities. Only the fifth and sixth Strategic Goals were analyzed as part of the desktop study to discover if the goals as reflected are carried through into the curriculum and because they can impact more on the lives of disabled people, especially in creating awareness and decreasing stigma. These goals are: Enhancing the Quality and Profile of UCT's Graduates and Expanding and Enhancing UCT's Contribution to South Africa's Development Challenges (UCT Strategic Plan, 2009).

The analysis reveals that the strategic goals have elements that are conceptually consistent with a human rights model in the following respects:

- Non-discrimination and removal of stereotypes-the Strategic Goals state that it is necessary to create a University environment where stereotypes and the historical social imbalances from the past is equalized. The change is necessary and will be pursued with regard to race, gender and disability.
- Promotion of an inclusive curriculum- The development of an inclusive curriculum was identified as key to an inclusive environment, where all students will be educated.
- Valuing diversity and difference-this is aimed at addressing the social injustice of the past in South Africa and building a diverse student base
- Achieving transformation through influencing what is learnt, taught and researched-The University will enhance this transformation by providing support to all students, including disabled students regarding the issues of access to UCT

and carrying out research that focuses on national policies that impact on issues of access to higher education for disabled people.

(UCT Strategic Plan, 2009: 5-6)

#### **4. 2.2. The UCT Mission Statement**

The Mission Statement (UCT Research reports 2008: p2) encourages the following:

- Compassion, generosity and concern for the needs and aspirations of others, and in particular for the challenges faced by the less privileged in our society.
- Respect and tolerance for cultural, religious, political, and other differences and acknowledgement of the value of diversity in society.
- Contribution towards social transformation, empowerment and participative governance.
- Affirmation and protection of the fundamental human rights enshrined in the Constitution.

The UCT Mission Statement was analyzed using individual, social, policy and other,(as explained in Chapter Three) and the values that related to disability were classified within the social model of disability. Disability was not named specifically in the mission statement above, however the values of fundamental human rights , understanding the needs of the less privileged in our society and acknowledgment of the value of diversity also addresses intolerance and discrimination, which are societal issues related to disability as it is an issue of diversity.

The values included above in the Mission Statement identify concern for the underprivileged in our society of which disabled people are a category. Tolerance and respect for diversity would ensure an inclusive institution where the issues of diversity, of which disability is included, can be part of the curricula in the faculties.

### ***4.3 Context of the Faculty of Humanities***



The Faculty of Humanities is the largest faculty on campus and one of the most diverse in its scope of teaching and research, spanning the Performing and Creative Arts, the Social Sciences, the Arts, as well as Education. It also has the largest student output. In 2010, the Faculty of Humanities had a total student enrolment of 7,409. Its diversity is seen in the thousands of undergraduate and Masters and Doctorate postgraduate students enrolled at the faculty of Humanities, from South Africa as well as 90 other countries. The faculty also offers rich and diverse opportunities for meaningful undergraduate and postgraduate scholarship (FHH, 2008).

Of national and international academic stature, the faculty is home to some of South Africa's most celebrated intellectuals, including: award-winning composers and singers; renowned artistic directors and literary critics; world famous novelists and poets; national policy makers and advisors to government; sought-after economists; and highly respected social scientists (University of Cape Town Research Report, 2008). The departments are housed on four UCT campuses, one in the city centre and three in Rondebosch (FHH, 2008).

Africa Gender Institute is a feminist research unit where issues of gender and racial equalities are discussed within an academic programme. The Disability Studies programme aims to increase awareness and informed participation in disability issues at a teaching, research and community-based programme level. CHED provides specialist educational expertise and functions to assist faculty, does research across various disciplines, graduate recruitment and gives support to academic staff amongst other tasks. The school of Dance teaches contemporary, ballet, and African dance and is one of the foremost Dance schools in the Continent. The Department of Psychology has a strong research focus and the Department of Social Development offers education and training for professionals at post graduate. The Department of Education is an interdisciplinary post graduate programme. (UCT, 2012)

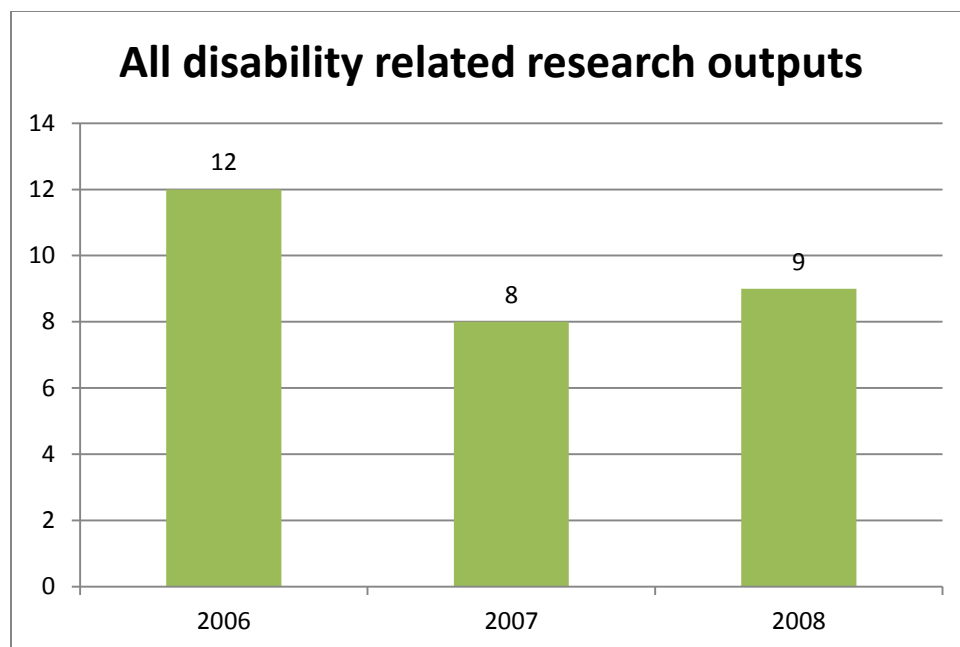
#### **4.3.1 The Faculty Handbook**

An analysis of the faculty handbook which contains the course codes and descriptors revealed that there are twenty one departments in the faculty offering over 1,031 courses to the students, including courses offered in collaboration with other faculties like Law, Commerce and Science. During the electronic search of the Faculty of Humanities website, there was no response to the search for the term 'disability' or disabled in the faculty handbook. A more thorough search of the physical handbook yielded the same results.

#### **4.3.2 Research reports**

The results of the desktop study of the research report on disability reflected that within the Faculty of Humanities there is research following individual interests on an ad hoc basis, and the number of research projects carried out in relation to disability was quite minimal.

There were 12 research outputs that were focused on disability in 2006, eight in 2007 and nine in 2008. Research outputs cover all research publications including theses and doctoral dissertations. (See figure 2).



4) **Figure 2:** Total number of disability related research outputs in the Faculty of Humanities for 2006-2008

The total number of all research output for 2006-2008 are given below.

Out of the 404 research outputs in the research reports for 2006, a total of (n=11) focused on disability. Out of these 11 research outputs (n=4) have the individual / medical concept of disability, while (n=7) represent the social concept of disability, there is no research related to policy.

A total of 339 research projects were collected from the 2007 research report, of which (n=7) were on disability issues. Out of this, (n=4) focused on disability from an individual perspective, and (n=2) speak to disability as a social construct, there was none based on policy context and (n=1) although they are not focused on disability, do have potential to contribute to issues of disability, so was classified as other.

The total research data from the 2008 research reports was 310. Out of these (n=6) research projects focused on disability. Out of these, (n=4) are based on the individual

model, there was no research based on the social model, and none was policy based while (n=2) were classified as other.

All the Masters and Doctoral thesis output for 2006-2010 totaled 543, and were reported together in the library archives. Out of this 543, six were about disability. The Faculty of Humanities had one masters research output that was based on disability in 2006, one in 2007 and three in 2008, and recorded one doctorate dissertation on disability within 2006-2008.

The rest of the sections following reports on the findings of the interviews done with study participants.

#### *4. 4 Themes*

This section presents the findings of the in depth interview conducted with the participants.

There were six main themes that emerged in line with the research objectives. The themes were derived from the analysis of the interview transcripts (See Chapter Three figure 1). There were some similarities which cut across all the participants, but they also differed in certain areas of focus. (See Table 3)

- Understanding of disability.
- Disability inclusion strategies.
- Policy frameworks used.
- Disability in research
- Successful experience of disability inclusion.
- Challenges of disability inclusion.

The table below shows the themes that emerged from the analysis of the interview transcripts. Some themes were reflected for each participant while some were unique to particular participants. The significant themes will be discussed, showing the core focus of inclusion, and the similarities and differences in understanding and practice of disability inclusion for each participant.

**Table 3- Themes and sub themes related to the study objectives.**

<b>Themes</b>	<b>Sub-themes</b>	<b>Related Research Objectives</b>
1. Understanding of disability	<p>A multifaceted issue</p> <p>Disability as the impact of social attitudes</p> <p>A health condition</p> <p>We look at them, we think we are better</p> <p>An issue of positioning and power</p> <p>An individual experience</p>	To describe the nature of disability inclusion within the curriculum
2. Disability inclusion practices in teaching	<p>Inclusion spaces</p> <p>Inclusion approaches</p> <p>Focus of inclusion</p>	To describe the nature of disability inclusion within the curriculum
3. Policy context for disability inclusion	<p>Policies included</p> <p>Approach to policy inclusion</p> <p>Focus of policy inclusion</p>	To identify what policy frameworks are being used to explore disability issues in the curriculum
4. Disability in	Ad hoc inclusion	To describe the nature of

Research	Minimal Inclusion Focus on impairment and environmental and social impact of disability	disability inclusion within the curriculum
5. Successful experiences of disability inclusion	An eye opening experience  Awareness creation	To describe the successes of disability inclusion within the curriculum
6. Challenges to disability inclusion	I feel strongly about disability  Disciplinary considerations  Disability as personal agenda  The domino effect	To identify the challenges of disability inclusion within the curriculum

#### 4. 5 Understanding of disability

There were six ways that participants understood disability.

##### 4.5.1 A multifaceted issue

The participants shared a certain understanding of disability which influenced their focus on disability. One aspect agreed on by all the participants was that disability is complex and cannot be easily defined.

*"I can't give you a sort of cut and dried answer, like some people would say, disability means you're handicapped, or you're not normal, or you're abnormal. I*

*don't see it as that way, but, I can't tell you what it is, I can tell you what it isn't."*  
*Ppt 1 (29.11.2010).*

They advocate the need to realize that disability goes beyond the individual's physical control and concerns other external factors that the person might not necessarily be able to control.

*"Well, I think it's quite a complex interaction of people's physical capacities, and the environment in which they find themselves, social and physical environment."*  
*Ppt 9 (6.12.2010).*

The participants stated that one has to reflect on the lens used to view disability.

*"I see it as something that we operate with, in terms of a human being that we need to look at in a particular way."* *Ppt 6 (7/02/2011).*

Some participants' understanding of disability was influenced by their disciplines and what they teach.

*"We, I'll have to go back to my notes... talk about that somebody can have a physical, or any kind of disability... it is within a course on assessment and intervention, with individuals and families."* *Ppt 4 (22/11/2010).*

#### **4.5.2 Disability as the impact of social attitudes**

There was an understanding of disability as both an individual and social construct, and from this conceptual thinking the respondents made a differentiation between 'disability' and 'impairment'.

*"a very clear differentiation between impairments and disability which, my understanding of disability is that it's pretty much a situation in which people are deprived of opportunities and resources, because of society's attitude and exclusionary measures."* *Ppt 5 (21/12/2010).*

There were various perceptions and understanding of disability expressed by all participants, but the most prevalent was the view that disability is a social construct of society and not just a health condition. The way that society constructs barriers for someone who has impairment constitutes disability.

*“the lack of ways in which our society accommodates people with those impairments. So, because there isn’t, there aren’t enough ways to accommodate those with different kinds of abilities, then they become disabled in their functioning, but more because of the lack of opportunities in their environment, perhaps than, their own actual physical or cognitive impairment.” Ppt 3 (13/11/2010).*

The understanding that disability is primarily caused by society cut across all participants.

*“that person’s different in terms of their ability, or they have an impairment, but the way in which we react to them, is what constitutes the disability.” Ppt 1 (29/11/2010).*

Disability, according to the participants, cannot be understood outside of the context in which the disability has occurred. Certain cultural beliefs and practices impact on disability which differs from place to place. This is because different cultures have a particular understanding of disability, so the context of disability is important.

*“That Disability is contextual and cultural, familial and personal.” Ppt 7 (17/01/2011).*

#### **4. 5.3 A health condition**

While most of the nine participants perceived disability mainly as caused by the societal environment one exist in, some argued that one could not just focus on the social environment alone, without mentioning the impairment aspect.



*“Disability is, on the one hand, impairment, a kind of impairment in one’s functioning, that can be physical, or it can be cognitive, intellectual.” Ppt 3(13/11/2010).*

However, a differentiation must be made between the two because impairment deals with the physical health conditions the individual has, while disability concerns the extraneous factors around the disabled individual.

*“Impairment is the blindness, the deafness, the health condition, but, disability is something that is really imposed, to a large extent, by society.” Ppt 5 (21/12/2010).*

The participants also expressed their understanding of disability as related to impairment type. They believed that the category or type of impairment determined society’s response and approach to a person who is disabled. Disability was regarded as an impairment and health condition with two distinct areas- intellectual disability and physical disability.

*“They see somebody, you know, who has a physical disability, they, they feel much more comfortable, and so, people with your mental disorders tend to be really marginalised. And a lot of it is just lack of knowledge.” Ppt 4 (22/11/2010)*

#### **4.5.4 “We look at them, we think we are better”**

Disability was also understood as a way that society uses to understand issues about themselves. We look at people who function differently from us and see them as ‘abnormal’, so if they are the ‘abnormal’, we then become the ‘normal’.

*“for me it is noticing a particular othering, or a particular way of categorising individuals into certain groups. It’s always this point of reference, that we would be this normal somebody, and these other people will be constructed into various disabled groups, so I understand Disability to be a social construct of humanity.” Pp 6 (7/02/2011).*

It was also stated that society sometimes ignored the fact of the reality of disability, and would rather pretend that it is not an issue that they would have to grapple with. One participant gave an example of a girl who thought she could cope with her mother's impairment rather than discuss it, thinking she knew better but quickly found out she could not.

*"it's how we deal with otherness, she decided it was not a problem at all, it was no problem . It took her about six sessions to realize it was a very big problem."*  
*Ppt 2 (8/12/2010).*

Another participant understood that although society wants to classify and categorize people into what is normal and not, there is nothing like being normal. She was of the opinion that nobody can claim to be normal or define what normal is. This makes disability even more complex.

*"there's an understanding in society that, this is what normality represents, but, I can tell you that there's no such thing as normality. You can't say this is it."* *Ppt 1 (29/11/2010).*

#### **4.5.5 Disability as an issue of positioning and power**

The participants also understood disability to be a socio political issue of the positioning of disabled people in society. Disability was viewed as an intersectional issue with varying issues so one had to have a 'whole' picture of the influencing factors that impact on disability to begin to understand what it means.

*"It's depending on their age, depending on their gender, depending on their lifestyle, depending on their socio-economic basis, and, of course, depending on how that disability is, is seen culturally, in their particular cultural background."*  
*Ppt 4 (22/11/2010).*

The marginalization and oppression of disabled people was seen as systemic and so powerful that it was often out of the control of the disabled person.

*“we’re looking at how multiple systems of oppression interact to, kind of, create lived experiences for people. They all, kind of recede in this like, interlocking systems, that interact in such a way, to kind of inform lived experience, and we see disability as one of them, too.” Ppt 1 (29/11/2010).*

#### **4.5.6 Disability as an individual experience**

The view of disability as a sensitive issue dealing with differentness was also highlighted by the participants. One participant referred to disability as a way of existence.

*“Its a way of life.” Ppt 8 (18/10/2010).*

Another participant understood disability to be a constitution of how a person is socialized early on in life by the family. This impacts on the rest of their lives and also influences their ability to cope with the disability.

*“Somebody with a perceived disability could’ve been raised in a family where it was not perceived as a disability, and experience, you know, great opportunities and great conditions for possibility. And, another person may be raised with a sense of disability and, and never strive beyond, a very small, dream.” Ppt 7 (17/01/2011).*

The experience of disability is seen as unique to an individual, and one participant saw this as a critical understanding which influences her work around disability, as all disabled people do not experience disability the same way.

*“you have to be aware of how it’s affected that individual, and it affects that individual differently.” Ppt 4 (22/11/2010).*

#### **4.6 Disability Inclusion teaching strategies**

The participants spoke about the places where they have introduced the issues around disability, both the physical spaces and the curriculum, and the way they include disability in their curriculum.

#### 4.6.1 Spaces for disability inclusion

This section discusses the various areas within the curriculum where disability is included. Participants included disability in their coursework. For the most part disability was included as an aspect of a course, or as a module within a course and in tutorials and practice learning. There was no particular course that focused on disability primarily, however.

*“we’re not teaching huge courses on disability.” Ppt 4 (22/11/2010).*

*“we do teach a component on disability, it fits into a bigger conceptual framework.” Ppt 1(29/11/2010).*

There was also the notion that education and learning is on-going. One participant stated that education given to his students on disability was not limited to the classroom. The issues were also raised in staff meetings and other informal spaces.

*“education doesn’t end at the classroom door...the kind of informal teaching is actually happening, because you pass students in the corridor, they ask questions, your responses are also part of the broader education.” Ppt 6 (7/02/2011).*

Disability is included in both post graduate and undergraduate curriculum, however when compared across all nine participants, there is more inclusion in post graduate curriculum than undergraduate curriculum. Out of the nine participants, six participants include disability in undergraduate curriculum, while all 9 include disability in post graduate curriculum. However, in cases within the postgraduate curriculum, disability inclusion is full dissertation, so it is research based.

#### 4.6.2 Approaches to disability inclusion

Approach of inclusion speaks to the participants' practice of inclusion. It relates to *how* disability is included.

Participants included disability in the curriculum from both a social and medical point of view.

*"there's a lot that we're teaching that is from a Medical Model and the Medical Model is not good, with context." Ppt 2 (8/12/2010).*

They also use a gendered approach. There is a use of case studies and life history as a strategy to show a gendered perspective to disability. Some participants believe that women are more discriminated against and marginalized when it comes to issues of disability, and have included this perspective in teaching.

*"So, I do look at the way in which men with impairments are constructed by society, but, I also look at how women are even more disadvantaged, because of their gender." Ppt 1 ( 29/11/2010).*

According to one participant, the difference of experience is not just when it concerns disabled people, but even when it comes to parents of a disabled child, the impact of disability on parents was influenced by gender.

*"You know, so you can show how even the effects in the family are unequal according, whether you're a mother or a father. So the impacts are different depending on the gender." Ppt 9. (6/12/2010).*

The rest of the participants, while seeing disability as an issue of social and political oppression, do not focus on this gendered view of disability. Some participants' approaches were influenced by their discipline.

*" I'm particularly thinking of, say, mental illness, which, of course, is my professional training." (Ppt 1 (29/11/2010).*

The participants with a background in psychology stated that their field of practice focused primarily on intellectual and mental development, hence the need to separate the intellectual and physical disability in their approach to inclusion.

*“ I guess I would actually divide disability into two categories, I would talk about intellectual disability, It’s what we work with mostly. And then I suppose I would talk about physical disabilities.” Ppt 2 (8/12/2010).*

Another participant with a background in social development indicated displeasure over the division of intellectual and physical disability. This distinction, in their opinion, further enhanced stigmatization of intellectually disabled people.

*“now I don’t like the distinction between physical and mental disabilities, but that is the way the world looks at it.” Ppt 4 (22/11/2010).*

#### **4.6.3 Focus of disability inclusion**

The focus of disability inclusion is about the theoretical emphasis of teaching. It speaks to *what* is taught in the curriculum.

One major aspect that is included in the curriculum is the impact of lack of resources on all issues that involve disability. An understanding of this lack could be gained by looking at the historical context of the society. The impact of the distribution of resources within the historical context of South Africa was cited as an important factor necessary to the understanding of the lived experience of disability. It was pointed out that the implication of lack of resources is far reaching when disability is considered, and the participants stated that a lack of resources created a societal context where issues of disability developed, or were further enhanced. This leads to disempowerment of disabled people, whether within the society or in the home context.

*“You know, of having children with all kinds of needs in one classroom, which, in theory, I think, is a good idea, but, in practice hasn’t worked, because there aren’t the resources.” Ppt 2 (8/12/2010).*

Disability is also introduced as a human rights issue and the theoretical and practical aspects are also included in the curriculum.

*“we deal with it both theoretically in terms of how to assess for disability, but we also engage with the sort of Socio-Political issues around what happens.” Ppt 2 (8/12/2010).*

Issues of physical access and attitudinal barriers were emphasized as the main barriers that impact upon the lived experience of disabled people.

*“the extent to which I am unable to perform my role depends very much on, how people are behaving towards me on access a bit, to the university, from a physical point of view, etc. And, I mean, try and get that across to the students, that, it’s quite a complex concept.” Ppt4 (22/11/2010).*

**Table 4 – summary of the inclusion practices.<sup>2</sup>**

Participant	Approach to inclusion	Focus of Inclusion	Teaching Strategies
1	Social perspective of disability	Gender and intersectionality oppression and marginalization	Use of media and tutorial discussions
2	Medical perspective mainly, social aspects included as a spin off	Impairment – intellectual and physical. Impact of resources on disability. Human Rights	Practice learning, intervention with families, theoretical discussions in class, advocacy
3	Medical perspective	Intellectual impairment	Class discussions

<sup>2</sup> Some participants use a particular approach mainly, then include a little bit of another approach. Others just focus on one main approach. The focus of inclusion is not exhaustive as only the major areas are included in the table.

	of disability		
4	Medical and Social perspective of disability	Mental ill-health as an impairment, wellness, social and familial impact of mental ill-health, prevention and health promotion, Advocacy	Practice learning, awareness creation on impact of mental ill-health on physical well being
5	Developmental approach	Human rights, disability and development	Class discussions and collaboration with the UCT disability unit
6	Main approach is social view of disability, but the impairment is addressed as a necessity	Society and its contribution to the construction of disability, prejudice and stereotypes, issues of access, human rights	Discussions in class, introduction of disability related articles in class, self-reflection and awareness creation, practice learning
7	Social perspective of disability	Issues of access, cultural connotations, human rights	Discussion of policies and the impact on disability issues, interaction of disabled and non-disabled students in the classroom to encourage peer learning,
8	Social view of disability, discusses the different impairment	Rearrangement of curriculum to suit the needs of disabled children, theoretical	Practice learning by simulating an actual classroom, students are then asked to



	conditions in relation to accommodation	discussions	respond to show how they will respond to learners with different needs in the classroom
9	Social perspective of disability	Human rights, an issue of diversity, intersectionality	Discussions in class, seminars and workshops , disabled people invited to speak with students

#### 4.7 Policy frameworks in disability inclusion

This section presents the policies included in the curriculum and how they are included.

##### 4.7.1 Policies included

There is no structured inclusion of disability specific policies, however participants all discuss the South African Constitution in teaching where applicable. Most of the participants do not focus on mainly disability specific policies, but disability is integrated as part of mainstream policy.

Eight out of the nine participants discussed the South African Constitution in class, but mostly linked to other discipline specific policies. One participant did not discuss policy in the curriculum because of lack of implementation.

*“ I don’t tend to bring up the Constitution. Other students will bring the Constitution and they’ll tell me that it’s the perfect document, and then I’ll ask them about the lack of enforcement.” Ppt 7 (17/01/2011).*

Various other national and international policies which are discipline specific are included, but only two participants included the United Nations Convention on the

Rights of People with Disabilities (UNCRPD) and the Integrated National Disability strategy (INDS). Disability is included in policy only when it comes up in the discussions.

*“So, the lens through which we look at it, is perhaps not as rigorous as it should be, if you factor in Disability Legislation.” Ppt 2 (8/12/2010).*

#### **4.7.2 Focus of policy inclusion**

The impact of the availability of resources to back up the implementation of policy documents was put forward as an issue that influences disability inclusion and the daily lived experience of disabled people.

*“So, you begin to see how, on paper, things can look very good, and that government is committed, but how, actually without financial backing and funding, those Acts can’t work.” Ppt 2(8/12/2010).*

The inclusion of policies in the curriculum with regard to disability is often engaged with superficially rather than in any great depth.

*“it is more a sensitisation to the names of the Policies, the names of the Charters, the names of the Acts, rather than the detail.” Ppt 5 (21/12/2010).*

#### **4.7.3 Approach to policy inclusion**

Two major approaches used to include policy in the curriculum were policy as legislation, and policy as an issue of human rights. Two participants in particular include policy materials as resources for students to use to increase their knowledge on policy legislation.

*“we provide them as like source material for the students, And we look at the Constitution.” Ppt 1 (29/11/2010).*

Students are encouraged to explore for themselves as the lecturer acts as a guide to introduce the students to the possibility of further exploration of the issues around disability.

*"You must feel like this is the tip of an iceberg. What are the other policies? And for students to go and also look, we need to give them the tools to be able to look at all the others that exist." Ppt 6 (7/02/2011).*

#### **4. 8 Disability in research**

This section reports on the findings regarding the participants' inclusion of disability in their research agendas.

##### **4.8.1 Minimal inclusion**

When the participants were asked about their involvement in disability related research in the interviews, there were a number of variations in the focus of research integrating disability and disability related research. However, their responses supported the results from the desktop study as there was not much research going on from a social perspective of disability.

*"I'm not aware of anyone doing it.... so one would have to check the research reports."*  
Ppt 4 (22/11/2010).

##### **4.8.2 Ad hoc inclusion**

Post graduate students in the departments interviewed especially were allowed to decide if they want to do a disability related research or not. The topics around disability were discussed and various materials introduced, but it was basically up to the student to decide.

*"We look at what journal articles, what other conferences that are talking about Disability Arts around the world, and I try and introduce students to these topics as broad fields, if they want to go and further investigate them." Ppt 6 (7/02/2011).*

#### **4.8.3 Impairment, environmental and social impact of disability**

Of the nine participants in the study, two participants included disability in their research and one participant conducted research focused on the impairment aspect.

*“the Neuro-Psychology stream, they do their research on traumatic brain injury issues.” Ppt 3 (13/11/2010).*

*We have, (disability research) I mean, not at the moment, but we have. ”Ppt 9 (06/12/2010).*

The one participant researched on disability as otherness and creating awareness regarding disability within the department and faculty.

*“this discussion of otherness, othering, other bodies, disabled bodies is something that I’m continually researching.” Ppt 6 (7/02/2011).*

Another participant conducts more in depth research looking at the environmental and social impact of the impairment on an individual, as well as intellectual impairment.

*“But, she’s taken a critical, kind of, social model perspective, on understanding her client’s experience of the relationship, she thought a lot about how the Environmental Restrictions impacted on this client’s experience of the therapy.” Ppt 3 (13/11/2010).*

#### **4.9 Successful experience of disability inclusion**

The participants expressed a diverse range of experiences of including disability in their teaching and research.

##### **4.9.1 An eye opening experience**

The students were amazed and there was an awakening of the need to discuss the impact of disability. One participant referred to the experience of including disability in the curriculum for students as an eye opening experience.

*“And, I think they became much more aware about social injustice, and, and the fact that we still have a long way to go.” Ppt 2 (8/12/2010).*

Another participant discovered that including a movie on disability in her curriculum created an inclusive environment for discussions on issues of disability and awareness creation.

*“So, it’s a good space to kind of talk about what they’ve seen, and particularly if they like movies, so they’ll spend the whole tutorial discussing the movie that I’ve shown.” Ppt 1 (29/11/2010).*

#### **4.9.2 Action to awareness creation**

One participant successfully began to stimulate discussion on disability by putting a ramp outside the office. People noticed the ramp and this opened up discussions on issues of disability and its impact.

*“I think the issue of building a physical wheelchair ramp that is in the process of going on, means that students who are not in the Third Year class, by virtue of physically seeing this, become aware that it is an issue for discussion and they themselves, start to actually talk about this issue.” Ppt 6 (7/02/2011).*

### **4.10 Challenges to disability inclusion**

#### **4.10.1 I feel strongly about disability**

The participants were quite emotional about disability issues. There was anger, frustration and shock when they related their experiences of disability inclusion.

“I feel strongly about disability.” Ppt 9 (06/12/2010).

There were a lot of emotive responses to the experience of disability inclusion in teaching. All the participants had experienced anger or frustration at different times, and some were

frustrated at the lack of options they have to work with to support families.

*And also, how to help families adjust to that diagnosis and to what it means for planning for their children’s futures. And what options there are, and the options are not great at the moment. Ppt 2 (8/12/2010).*

The physical structures was also considered a challenge, because the physical structures were exclusive and posed a barrier to inclusion.

*“I’ve seen parents with disabled children, sometimes very severely disabled children, fighting before, to try to, , get them into the system at the university level, but, the physical structures keep them out, unless we hold the classes outside, which I’ve also tried to do before then, if the students cannot get into the building, what are they going to do?” Ppt 7 (17/01/2011).*

#### **4.10.2 Disciplinary considerations**

There was an understanding that in disability inclusion, one could not just bring in their personal convictions but must tailor what is being taught to fit into the disciplinary focus.

*“I did a lot of the critical stuff around difference in terms of mental disability, which, obviously, I can’t do now, I must say when I teach it here (our department), I try and squeeze it in, as examples.” Ppt 1 (29/11/2010).*

The issue of time constraints and the need to fulfil one’s disciplinary obligations in teaching was discussed by participants as a challenge to their experience of disability inclusion.

*“There was just so much the students had to cover within a year ... students were just punch drunk. By the time I got them, they were just looking at me, saying, ‘what, is this in the exam?’ Ppt 2 (8/12/2010).*

One participant explained that she often struggled to reconcile the curriculum as given by the department, with the issues she feels that the students should know.

*“I often sit in an uncomfortable position between a Medical Model, which they need to understand and know, because they’re going to go into the hospital system, and a much broader deconstructionist Socio-Political understanding of the world, which confuses the Medical Model, you know.” Ppt 2 (8/12/2010).*

#### **4.10.3 Disability inclusion as a personal agenda**

The participants included disability according to their own personal understanding. Some participants were angry and frustrated at what they termed a lack of structural support. They felt that disability should be on the departmental agenda, not a personal agenda.

*“because there are a couple of us who are interested in Disability Issues, it means that it is, that it is discussed. I think that if the Head of the department weren’t interested in Disability Issues, my experience is, it is less likely that even though I am (interested in including disability), that I would still be able to insert myself into that (disability inclusion).” Ppt 7 (17/01/2011).*

There is also a lot of ad hoc inclusion.

*“Disability is incidental.” Ppt 8 (18/10/2010).*

#### **4.10.4 The domino effect**

One participant noted the domino effect created by systemic marginalization and the lack of resources to implement policies. The participant stated that such a system creates a disabling experience by contributing to oppression and poverty, which further disables people. This participant gave an example of how some parents might have an intellectually disabled child, but because they are poor, and because of South Africa's history, they often have to travel long distances to work. They leave very early and come home late, they do not spend time with their child and by the time they notice, the child has grown. It becomes more challenging to rehabilitate the child, which creates even more poverty as the child becomes a 'burden' to the parents.

Participants stated that the lack of policy implementation was a huge setback regarding disability inclusion. They blamed this lack of policy implementation for the systemic marginalization and the failure of the system to uphold the issues of disability.

*"The other thing that students really sort of had to face is government's failure again and again to provide the kinds of services they are required to provide... And, government is not putting the money aside that is required to implement an Act like this." Ppt 2 (8/12/2010).*

#### **4.11 Chapter summary**

This chapter presented the results of the desktop document review, which showed that there has been minimal disability related research on-going at the Faculty of Humanities. The findings and responses of the study participants and their views, strategies and experiences of disability inclusion in their curriculum were also presented. One factor that emerged strongly is that the understanding that an individual has of disability, influenced how they introduced it in the curriculum. The participants agreed that disability is a complex issue, there is an on-going exploration of issues of disability and the diverse ways it could be included in the curriculum. The emotional reaction to issues of disability and the advocacy and awareness arising from engaging



with disability issues is also significant and will be discussed in the following discussion chapter.

University of Cape Town

# Chapter Five: Discussion of findings

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## 5.1 Introduction

This chapter discusses the six themes that emanated from the findings, namely understanding of disability, disability inclusion practices, policy context, successful experiences of disability inclusion, the challenges of disability inclusion and disability in research; and explores participants' experiences and views, relating this experience to the literature, so as to understand the context of disability inclusion in the FH better. The results of the desktop study and the findings from the in-depth interviews are integrated, giving an overall presentation of the case study. Lastly a summary of the discussion is given. The chapter will discuss the different understandings and definitions given to disability as a field of study, and also show the need for a clear definition of disability. The link between the understanding given to disability and the way it is included in the curriculum will be highlighted.

The discussion on the different inclusion practices employed in teaching about disability in the curriculum will also be presented, focusing on the relevance of these different practices. Then the different policy frameworks used for inclusion will be addressed, including the need for disability related policies in the curriculum in HEIs. Finally, a discussion of the views and experiences of the participants, and how they include disability in their teaching, practices that were successful, and the challenges faced are presented. All the discussion points above will be grouped under the study objectives and analyzed in context with findings from the literature review. The discussion informs our understanding of disability inclusion in the curriculum, while also showing the varied ways in which this can be achieved within the HEI context. It includes the researcher's reflections. Table 5 shows the links between objectives and themes that will guide this discussion.

*Table 5- Research objectives and associated themes*

Research objectives	Associated themes
1. To describe the nature of disability inclusion that is currently within the curriculum.	<ul style="list-style-type: none"><li>• Understanding of disability</li><li>• Disability inclusion practices in teaching and research</li></ul>
2. To determine what policy frameworks are being used to explore disability issues in the curricula of programmes	<ul style="list-style-type: none"><li>• Disability inclusion in Policy context</li></ul>
3. To describe the successes of including learning material related to disability.	<ul style="list-style-type: none"><li>• Successful experiences of disability inclusion</li></ul>
4. To identify the challenges of disability inclusion within the curriculum	<ul style="list-style-type: none"><li>• Challenges of disability inclusion</li></ul>

This discussion aims to examine the different perspectives the participants give to disability; the thinking and reasoning they adhere to regarding disability and what school of thought has influenced this reasoning. It is also necessary to look at whether alternative theories like the feminist disability theory (Knoll, 2009; Garland-Thomson, 2002) and critical disability theory (Goodley and Runswick-Cole, 2010) have influenced their understanding of disability.

## *5.2 Theme one: Understanding of disability*

This theme discusses the different perspectives and understanding given to disability.

Amongst the participants, there were two schools of thought regarding disability. The first school of thought regarded disability mainly as a social construct, influenced by

culture and context, with some participants feeling that disability was both impairment and social issues which cannot be separated. The second school of thought focused mainly on the impairment, and the social reaction to the condition was explored if it came up. When it comes to research, there is a greater focus on impairment based research than social based disability research in the research reports. The interviews also showed minimal involvement currently in disability related research. This greater interest on impairment focused research might be attributed to the issue of disciplinary considerations. Although participants themselves might prefer a different approach, they often stated the university would expect them to teach what the departmental curriculum stipulates. This consideration often comes first. According to Kanter (2007), this focus on the impairment the individual has is the *study of disability*, as opposed to *disability studies* which is advocated by the social model of disability. This finding concurs with the results of a study that shows there is very little disability based research in the field of psychology (Foley-Nicpon and Lee, 2012).

The impairment focused inclusion by participants who have a background in Psychology, can perhaps be attributed to the fact that most of their clients who are disabled come for psychological counseling. So they constantly find themselves having to deal with the individual with impairment, run psychological tests and do referrals, which is the requirement of their practice. This is also coupled with the need for students to fulfill the curriculum of learning requirements as given by the institution, and the participants say this curriculum mainly views disability as an impairment.

Participants with a background in Social Development, for instance, also practice from the perspective of disability being more impairment focused, based on the influence of their discipline. Meekosha and Dowse (2007) support this summation with their view that social services have had a long history of working with medical intervention paradigms. This has resulted in social work practitioners having a predominantly medical view of disability.

This medical approach supports the participants with a background in Social Development saying that they have only more recently begun to interrogate issues of disability as a construct of society in the curriculum. Although one participant focused on psycho-social disability and incidence of occurrence, the attitudes of society and stigmatization is also introduced. This societal stigma is explored from the viewpoint that the stigma is only as strong as each individual society or culture makes it, and social work should rather take its influence from critical disability studies (Meekosha and Dowse, 2007). Although the participants in this study attribute their shift in thinking to their interaction with disability studies theories and activists, it still remains a personal quest or interest of each participant and not part of the planned or intended curriculum.

What is clear is that while participants understood disability to be either predominantly impairment or social construct, no participant understood it to be *entirely* so.

Participants who understood disability to be mostly about the impairment, agreed that, to some degree, societal attitudes and stereotypes, and environmental restrictions play a role in further impacting the lived experience of disabled people negatively.

Participants, on the other hand, who perceived disability to be more of a social construct, also noted and accepted that medical intervention was necessary to alleviate certain health conditions experienced by disabled people which could further impact negatively on their lived experiences and make rehabilitation more difficult. However, they rejected the reasoning behind the individual model of disability which states that disabled people are weak, helpless, sick and dependent on charity or professionals, needing care all the time.

Participants who are from the Africa Gender Institute for example, perceived disability as a predominantly multifaceted issue of gender, labour and positioning. Guzman and Balcazar (2010) support this understanding and state that two of the biggest challenges that disabled people have are low resources and low workforce participation. Although there is an effort at understanding that disability also has an impairment factor to it, the economic consequences the main focus and approach to understanding disability. Linton (1998 cited in Knoll, 2009), also claims that the social and political barriers that

come with disability are weighty issues. In line with this, disability scholars advocate that one cannot engage with disability without considering history and context, issues of gender and labour during the industrial era (Mawyer, 2007). The history above has impacted on how disabled people have been positioned in society, as people who have 'less' to contribute to society. This differs from the *Ubuntu* and ethic of care frameworks that understand that we all contribute to each other's lives in varying ways.

### **5.2.1 *Ubuntu* and ethic of care as alternative frameworks**

The assertion that the human rights framework should not be the only paradigm for looking at disability does not come through strongly with the participants. Participants who favour the social construct of disability, as well as the participants whose teaching content leans towards the individual impairment, all agree that the basis of their perspective is the belief that disability is a human rights issue, and should be approached as such. On the surface, according to the participants' responses, there were no other alternative frameworks to examining issues of disability. On the contrary, going deeper into the analysis of data, one begins to see that in practice, another framework emerges. Although they do not refer to it, the participants actually discuss feminist disability studies when they discuss the gendered view of disability, and looking at the intersectionality of disability.

However, due to literature propagating other alternative frameworks like '*Ubuntu*' and an ethic of care that could be used to explore disability issues, it seems feasible to begin to question if disability should be examined only with the lens of the human rights framework. The human rights outlook focuses on the individual and is more associated with western culture, while the African philosophy of '*Ubuntu*' is about having a collective identity (Malisa, 2011).

This enhancement of the curriculum can also be achieved by incorporating African concepts and philosophies into every aspect of development, including education, which

will make the curriculum contextually relevant (Vilakazi, 2007). One could argue that since disabled people that students will encounter are from that same context, the contextual relevance becomes even more significant. The Disability Studies Academic Programme in UCT is actively engaged in deconstructionist research that is generating much needed contextually relevant literature which is African based.

Feminist disability studies (Knoll, 2009) focus on disability as an oppression and gendered issue. Some participants have this understanding of disability as an issue of oppression, power and privilege, but do not relate it to the feminist framework. One reason could be because of the 'invisibility' of disability (Erevelles, 2005) in the way the curriculum has historically been constructed to suppress any information that does not conform to the 'norm'. Disability has often been used to categorize the 'norm'. This invisibility has contributed to disability being relegated to the back when it comes to other social issues or diversity issues, and has not received as much theorization in feminist studies for example, as it perhaps should Garland-Thomson (2002). However, within a feminist ethics of care framework there is fertile ground for theorizing disability. Garland-Thomson (2002) argues that there are similarities between feminist theory and disability studies, like the emphasis on bodily differences, oppression and the categorization given to woman among other factors makes for theorization.

The *Ethic of Care* framework is similar to *Ubuntu*, and advocates that people see their individual rights in relation to the rights of another person. It states that the disabled person should not be seen as the receiver or the 'needy'. Care is a universal need, not just for disabled people. Some literatures refer to it as the moral or charity model of disability (Mackelprang, 2010). However the researcher does not agree with this assertion. The moral model gives charity to the disabled person, while the *Ethic of Care* framework says instead that the 'carer' and the 'cared for' have equal responsibility and status in the relationship, and should give each other mutual respect. It discourages hierarchy and the top-down approach which has historically been practiced by professionals who work with disabled people (Meekosha and Dowse, 2007).

This omission stands out as the Faculty of Humanities encourages rich discourses regarding the curriculum. This shift in thinking about disability will expand the curriculum and allow for critical examination of alternative frameworks that could enhance an interdisciplinary study of disability as diversity.

Other frameworks like *Ubuntu*, that involves mutual assistance and interdependence on one another (Malisa, 2011) and an *Ethics Of Care* (Hughes et al., 2005) which focuses on a reciprocal relationship between ‘carer’ and the ‘cared for’ have been explored as possible lenses for examining the issues of disability.

These are not included in the teaching curriculum of the participants. The inclusion of these African and feminist philosophies in teaching and research will also address three of the UCT Strategic goals. First is that generating rich literature on disability within the African context can create an Afro-Politian niche for UCT. The UCT Strategic Goals also speaks to addressing South Africa’s developmental challenges and producing graduates who have knowledge beyond their discipline and can work in a globalized work environment (UCT Strategic Plan, 2009). The inclusion of disability in the curriculum will definitely increase the knowledge of UCT graduates beyond their field of expertise and since disability is a global issue that relates to social justice, the graduates will gain valuable insight into global issues that impact on the workspace. The graduates will be equally empowered to contribute positively to South Africa’s developmental challenges as disabled people are one of the most marginalized groups. In exploring these alternative frameworks to disability, and bringing in a rich discourse across African literature, this could be better achieved.

While the researcher agrees completely about the importance of recognizing that disabled people have equal rights as all other individuals, it might be necessary to include other frameworks towards creating an understanding of disability and generating a curriculum that would be enhanced, enriched and made contextually relevant.



### *5.3 Theme two: Disability Inclusion Practices*

The understanding given to disability influenced how the participants included it in their courses and research. The drive to include disability across different fields of study arises from the notion that disability is multifaceted, and can relate to every discipline that is taught (Gabel, 2010). However, the most prominent way the participants included disability is ad hoc inclusion. This ad hoc inclusion can be attributed to the fact that for most of the participants, disability is often not included in the departmental curriculum, especially as a social construct, but rather has been pushed as a personal agenda. So due to the need to first fulfill their departmental requirements, the participants discuss disability if the issue is raised in class, or is somehow linked to the topic they are covering that day.

Furthermore, one could also argue that lack of knowledge and awareness about disability and its relevance in the curriculum is equally responsible for this inadequate inclusion. As the study reveals, UCT has made the accommodation of disabled people a priority, but has yet to make disability in the curriculum one. One could argue that this lack of structural support impacts on disability inclusion rate in the Faculty. This lack of support could be linked to the fact that, according to Erevelles (2005), even in the field of curriculum studies, disability discourse is not included. This is indicative of where disability is placed, with regard to curriculum development.

One such discipline that has been criticized for not focusing on the exclusion, marginalization and oppression that comes with the disabled condition, but rather focusing on the individual is the discipline of Psychology (Goodley, 2011). As already indicated, this has not been the case in the findings of this study. Although the participants from the psychology department had a strong focus on impairment and focused mainly on the mental disability, there has been a noticeable shift towards looking at other aspects and impacts of disability. While one can argue that looking at the social aspects of disability was not the intended outcome from the beginning,

relevant issues that arise during practice have made the participants look beyond the individual to the social context in which the person exists.

The splitting of disability into mental and physical aspects in teaching by the participants could be traced to the long history of including disability in the curriculum as a physiological and medical condition, rather than a social and political issue (Erevelles, 2005). UCT has also included disability more as a medical issue than a political issue. This might be because professionals often focused on the impairment aspect that concerned their field of practice. It can also be interpreted as a means of the participants trying to establish links between disability and certain aspects of their courses to facilitate inclusion.

This is done so as not to 'overburden' the students with additional work by ensuring that any issue being taught in disability is streamlined to fit into the departmental curriculum as much as possible. Silver et al. (1998) notes that the issue of time is a crucial factor in faculties, staff often view implementation of these changes as worthwhile, but time consuming. Based on this, participants believe that they can only do so much with the time allocated and view time as a constraint to inclusion. The constraints placed on the participants come from the intended curriculum, which is the guiding framework for the enacted curriculum.

Participants who teach on other issues of diversity do not request extra time to include diversity. It is planned as part of their teaching curriculum, so one wonders why extra time is required to include disability. One reason might be that as stated earlier, disability is seen mostly as a medical issue. Even a participant whose background was diversity studies, had no ongoing disability related research, no students were doing any research on disability at the time of the study.

Only one participant responded that she included disability in her curriculum in the Education Department. She focused on inclusive education and aside from her, there were no other staff who indicated that they included disability. This omission is

surprising as education is a vital field in the new discussion around disability. However, this agrees with Ware's (2008) assertion that teachers need to have a shift in thinking, so the field of education must come on board this new way of thinking on disability.

Disability studies as a discipline is comprised of the collaboration that includes academics and scholars and disabled people's organizations (Lorenzo, Ka toni and Priestly, 2006). This buttresses Erichsen and Goldenstein's (2011) statement that disability based research is a collaborative endeavour. It will involve the disabled people and the non-disabled people to achieve its goals. It becomes necessary for all of us to engage with disability issues, irrespective of whatever areas of expertise people possess.

This lack of expertise as related to disability issues is not peculiar to these participants alone. Silver et al (2006) explored universal inclusion in higher institutions and showed that staff in higher institutions while they are experts in their discipline, often did not know how to teach on disability and disabled people. Due to this, the participants in this study regularly consulted with the Disability Services of the University to get guidance in what they do to accommodate disabled students, bring in and consult with disabled people themselves in their various lectures and seminars. But unlike Mathew's (2010) study, one does not see the participants in the current study pulling back and not wanting to get involved in disability teaching. Maybe this is where one considers the context and the environment in which disability is being included. Mathew's study was done in the western axis of the world, where there is a greater need for 'political correctness' and threat of lawsuits hanging over people who step out of turn or make incorrect statements. So most people who are unsure do not want to teach on disability, which should concern all.

The statement above is one reason behind this study, to argue that disability is a social justice issue, and does not belong to one academic discipline or to disabled people only. The researcher is of the opinion that while advocating for the acceptance of disability as a mainstream issue, so must the disability sector equally promote inclusion

of disability issues in the mainstream of theory and practice as well. If non-disabled people are made to feel like they have to tread lightly with regard to disability issues for fear of condemnation by disabled people, it might impact on the rate of inclusion. If disability is viewed as a social justice issue, then society must be allowed to wade in and grapple with these issues without fear of inadequacy. Goodley and Moore (2000), states that this collaboration in research between academics and disabled people organizations can be difficult to achieve because of their differing positions.

This issue of inadequacy and unfamiliarity with disability issues would not come up if graduates were exposed to the discussions on disability within their various curricula. Thus disability inclusion is an area that UCT needs to push, as students will be aware of issues of social justice, which will impact on South African development and enhance the students' profiles. Some participants refer to how the introduction of disability in class has transformed their students and changed the way they think around issues. The students see a different aspect to their own lived experience and are able to compare and identify gaps in the system that should be corrected.

While not denying that there is a need for mutual respect of dignity and caution in what one says irrespective of where one is, there is boldness in going with the issues of social justice and interest that one has. The notion of disability being 'different' from other diversity issues also comes through, and reinforces the perspective of disability from the impairment focus only. This gives the impression that while most other issues can be 'handled' by any interested person, for disability inclusion one required certain special skills or expertise. This assumption unfortunately, continues to alienate disability issues from the mainstream curriculum and by default, disabled people as well.

The findings showed that while participants struggled with lack of knowledge and structural support in including disability in their teaching, it did not appear to act as a deterrent to their desire or aim of disability inclusion. Rather it spurred them on to seek help and guidance from people or personnel who they considered more knowledgeable

than them, and are finding ways to achieve inclusion. Participants also expressed their vulnerability with regard to disability issues, often using themselves and how they feel as an example to explain their views on disability. Ware (2008) agrees that this could be helpful and states that staff should be encouraged to constantly examine how they understand disability in their own context. Lubet (2009) asserts that disability studies is interdisciplinary, and can be included in every discipline, which concurs with the findings of this study that shows that the dominant perspective of disability within any discipline is the approach that is adopted.

#### *5.4 Theme three: Policy context for disability inclusion*

Whether the participants had a predominant view of disability as impairment or social construct, all indicated that it was also an issue of human rights. This assertion cut across all perceptions held with regard to disability by each participant. This perspective is promoted in society, and most policy documents like the (UN, 2006), (INDS, ODP 1997), Employment Equity Act (DoL, 1998) and the White Paper 6 on an inclusive Education (DoE, 2001) among other policies support and encourage the view that the rights of the disabled person must be respected and protected. These various policies argue that the disabled person has a right to be treated equally just like any other citizen. Going beyond being just a rights issue, disability gives us an understanding of ourselves and the world around us (Siebers, 2005). The understanding we have often influences how we perceive others, how we live our lives and the relationships we build. So we need to include disability as a human rights issue, and an issue of diversity in our academic discussions.

The participants in this study did not all use disability specific policies in teaching. Those who did mainly introduced disability policies as they were related to the current topics that they were teaching on. There was no inclusion of disability specific policies, unless the question of policies was raised in class. Other participants did not include disability specific policies at all, but simply brought out a disability angle, while teaching on their mainstream policies.

One possible reason for this could be linked to the practice of including disability only as an aspect of their discipline. Thus when discussing mainstream policies, if disability did not 'fit in' to the discussion, it was often not included. It could also be relevant to look at disability issues in all policies, as this could highlight the gaps that could be filled or improved on. The participants also do not believe in the efficacy of policies.

Again, the belief held by some participants that they are not authorities in the field of disability and therefore need to tread carefully, is also a contributing factor. Due to this system of belief, some participants felt that they needed to play 'safe' and only introduce these policies when it became significant to the topic being taught, or it was raised by a student in a class discussion. However, Gabel (2010) maintains the relevance of policy frameworks to disability studies, focusing on equal opportunities and human rights as a good framework for policy action against institutional barriers to total inclusion of disability.

It is also significant to note here that unlike some faculties at UCT who have created a mission statement that is different from the UCT mission statement, Faculty of Humanities did not do this. Instead the Faculty adopts the UCT mission statement and so the analysis given to the UCT mission statement applies to the Faculty as well. One of the key aspects of the UCT Mission Statement is the respect and tolerance of diversity in our society (Faculty of Humanities Handbook, 2008), which comes through clearly in the curriculum. The desktop study of the curriculum handbook reflected this, in that most departments, including the departments that are not a part of this study, include diversity issues in their curriculum.

### *5.5 Theme four: successful experiences of disability inclusion*

The most outstanding success the participants express with regard to disability inclusion in the curriculum is the effect this has on the students, as well as themselves. The students often engage with disability issues for the first time and have called the experience an eye opener for them. One of the participants talked about how the students go from being uncomfortable about the issues of disability, to showing shock and dismay over the lived experiences of disabled people and finally, are being led to advocate for the rights of disabled people and seek ways to contribute to a positive change for them. The emergence of a new disability studies over the last few decades, has established various programmes in HEIs that are now looking at diverse aspects of disability inclusion and theories (Lorenzo, Ka toni and Priestly 2006). New discourse on disability is being introduced as an alternative to the previous purely medical view of disability.

### *5.6 Theme five: Challenges of disability inclusion*

There are many barriers identified by the participants to disability inclusion. The barrier that was most expressed is the frustration over the lack of structural or institutional support. The participants believed that their concern with regard to the inclusion of disability was not being addressed or, at best, was being back benched as compared to other diversity or transformation issues because the institution did not welcome change for disability.

Silver et al., (2006) identified certain barriers to inclusion related to universal design and inclusion in higher education. One such barrier was the fact that universities are often steeped in tradition and respect only whatever they regard as the standard, so any changes can be difficult.

One challenge that the participants expressed was their belief that disability is an intricate issue, and they were no experts in this field, so there was a need for guidance so they could introduce disability in a manner relevant to their curriculum. Disability was

mostly a new concept that the participants were grappling with, and they did not want to 'step out of turn' when including it in their teaching.

Ware (2008) , discussed the results of a study carried out in a university in the USA, which focused on disability inclusion across disciplines. She noted that a significant reaction among staff members, who were not disabled, was their belief that they lack expertise or authority to talk about disability issues, simply because they were not disabled. Priestly (2006), asserts that although there is a need to involve the voices of disabled people in disability inclusion, it is equally relevant to produce literature that is context specific.

Some barriers to interdisciplinary research identified by Holley, (2009 cited in Erichsen and Goldenstein, 2011) include institutional barriers, monetary resources, no interdisciplinary interaction, contrasting expected outcomes related to research and job performance. In this study, however, the greatest barriers to interdisciplinary research have been institutional barriers and lack of interdisciplinary interaction. During the interviews, when asked about research, the participants often talked about how they left the students to decide if they wanted their research related to disability or not, because it was not part of the departmental agenda. Even within the departments, staff were working on disability issues and other staff did not know about it. Institutional support will help create a forum where research and teaching can be shared among colleagues without pressure of time loss. This can greatly increase African based research on developmental challenges.

Another barrier the participants experienced was the attitudes of certain faculty members, which they felt was a deterrent. Some studies (Mayat and Amosun, 2010; Murray et al., 2009; Vogel et al., 1999; Konur, 2006; Getzel, 2008) have addressed the issues of faculty and their attitudes towards disability, and the results show that there is a need to challenge the prevailing attitudes of stereotype and discrimination. This issue of stereotypes and attitudes relates directly to the reason why it is important for UCT policies to specifically address disability. Addressing this issue might increase the



amount of seminars and training that are disability related which can only add to building a disability inclusive institutional culture.

A study in a University in USA (Murray et al., 2009) looked at faculty staff who had prior disability training and those who did not. Results from this study revealed that staff who got the disability training fared better when it came to accommodating disabled students and accommodating disability in the curriculum. Their attitudes towards the changes they had to make, was more understanding and open. This further supports the need to challenge institutional cultures and the frameworks with which we view disability (Gabel, 2010).

This disparity also comes through in the fact that those staff members who include disability in their teaching, have at one time or another, engaged in advocacy. One reason for this might be the fact that since disability is often not on the departmental agenda, it now befalls them to push forward these issues. There is the belief among these staff that one cannot disassociate lobbying and advocacy when it comes to issues of disability.

One of the main barriers identified is the lack of structural or institutional support, and the need to rethink the attitudes, beliefs and values that erode or prevent this structural support. The participants identify this support as one factor that could assist with the time and work constraints experienced. The participants however, did not hold out much hope on there being a change in the institutional behavior anytime soon. Silver et al, (2006) in a study carried out in a faculty on universal design, also got similar findings when the participants in that study although realizing that the university community and culture must be transformed for universal and inclusive design to take place, stated that they do not see how this change will ever occur.

### *5.7 Theme six: Disability in Research*

There is poor representation of research that is based on disability in the Faculty of Humanities. One reason the researcher proposes for this is the lack of interdisciplinary research in HEIs. Erichsen and Goldenstein (2011) writing on interdisciplinary research in adult education curriculum, stated that not only is interdisciplinary research not pushed like it should be in HEIs, it is sometimes discouraged in favour of discipline based research. While the researcher agrees that enough opportunities and environments conducive for collaborative research is not created in the institutions, the issue of who creates it, and what is required to create this conducive environment must be explored. Providing a disability inclusive environment through the values of the UCT Strategic Goals of contributing to South Africa's developmental goals and enhancing graduate attributes will assist with this.

The values of equality and respect for all is propagated by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD 2006), and the UCT policy documents. This might mean that while it is necessary and desirable for top management in HEIs to encourage the creation of an inclusive institutional culture which can enhance collaborative research, it is not entirely up to them alone. The change can begin from anywhere, as everyone in the institution has a responsibility towards creating this inclusion and bringing about the desired change. Also because disability is not seen as an issue of diversity, it is often not disaggregated as a variable in research like race and gender.

In addition the fact that the UCT Disability Services was the one place the participants were referred to when it came to disability issues, only contributed to their struggle with regard to disability inclusion in the curriculum. This is because Disability Services is aimed at providing services to accommodate disabled students and staff, rather than address the accessible design of the higher education environment (Strauss and Sales,

2010) and while also acting as a resource, they do not engage with academic agenda around disability teaching or research.

Research output was reviewed over three years (2006-2008) and although there was very few disability related research in the research outputs, the desktop study of the research reports also supports the notion of increased interest in disability inclusion in the curriculum of Faculty of Humanities in recent times. The participants stated they had some time constraints when it came to including disability in their curriculum. This might have been one reason there was a drop in research in 2007. Since both the participants' assertion and literature (Campbell, 2009) correspond in terms of disability inclusion being more of a personal agenda, one can see how disability might not be perceived as important by the participants if compared to the need to fulfill departmental obligations. If fewer staff are interested, disability takes a backbench.

According to the findings, disability inclusion in the curriculum of the Humanities is not yet widely entrenched in the teaching and learning structure. Some individuals have felt that there is a need to begin this inclusion in various ways, despite experiencing different barriers. One could look on this interest as a positive indication of a possible increment in disability related research output. In carrying out this study, the experiences of the researcher showed the resolve and interest the participants had in relation to disability inclusion.

## *5.8 Chapter conclusion*

This chapter re introduced the study objectives and the themes that emerged from the data. The themes were discussed, drawing on all the sources of data utilized in the study, including relevant literature that contributed to current thinking on the issues of disability inclusion in the curriculum, situating it within the study context. The interdisciplinary nature of disability studies was emphasized in the discussion, which also speaks to the need to enhance interdisciplinary collaborations in teaching and

research, towards building a more disability inclusive institutional culture. This will embrace the values of the human rights, *Ubuntu* and ethic of care framework.

In concluding the discussion of findings from this study, one can surmise that although disability is included in the curriculum of the Faculty of Humanities, it still is at a minimal level, when compared to the amount of inclusion that could be taking place across the various disciplines. Disability as a field of study is defined from the perspective of a myriad of disciplines which is evidenced by the fact that five different disciplines have discovered different ways to include disability in their teaching.

However, there are two main factors that influence the nature of disability inclusion; firstly the rich and diverse understanding given to disability and secondly the time and work constraints experienced by the participants, and how these interplay with the current context of UCT in terms of institutional and governmental support. The act of not matching resources to policy is one of the reasons that some participants decide not to discuss policies in class.

In spite of all the barriers, the greatest reward expressed by participants is the fact that they are contributing to creating awareness about disability issues and possibly challenging the prevailing societal stereotypes given to disability. The next chapter will present the study conclusions and limitations including the recommendations of the researcher and the way forward with more research in this area.

# CHAPTER 6: Conclusion and Recommendations

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## 6.1 Introduction

This chapter will first present a summary of all the chapters, study limitations, and possibilities for further research, and then the recommendations. The study has shown that although there are certain challenges to disability inclusion in the curriculum, the reality is that disability studies is a multidisciplinary field of endeavour. This is proven by the different ways that disability has been included in the various disciplines. Although there is not much collaboration occurring at this time within disciplines regarding disability inclusion, there is some ongoing collaboration between some participants and various disabled people and disability activists in seminars and lectures.

## *6.2 Implications of the study and possibilities for future research*

This study can inform the way in the Faculty of Humanities at UCT and in other institutions of higher learning include disability within the curriculum. It has implications for teaching, social responsiveness and further research. The research can be compared and contrasted to similar case studies of other faculties at UCT to determine how disability is situated in their curriculum.

Further research can also be done around practical workable strategies to integrate these issues into the curriculum. This is a gap identified by this study and an area that most participants struggled with. Finding ways to include disability across disciplines will effectively boost the inclusion rate and impact positively on the issues of disability mainstreaming.

These workable ways to include disability could be advanced by scholars in curriculum studies generating literature by including more disability as a discourse in its field. All of this will assist in awareness creation which could influence policy making about disability.

### *6.3 Study Recommendations*

The study recommendations are structured according to the themes of the study which are; understanding of disability, disability inclusion teaching strategies, policy context used, successful inclusion of materials related to disability, challenges of inclusion and inclusion in research.

#### **6.3.1 Understanding of disability**

- The major understanding given to disability is primarily from the individual model of disability or disability as a social construct. Other frameworks for exploring issues of disability like the African philosophy of *Ubuntu* and ethics of care should be included in these discussions. This will not only enrich the curriculum, but contribute to creating African specific literature which is currently minimal.
- Secondly, the study context is the University of Cape Town, and there are UCT Strategic goals aimed at creating an inclusive institutional structure to enhance diversity. In order to achieve these goals, disability should be included in teaching and research. This would provide institutional support for staff who are interested in including disability. More importantly, resources can be made available to assist in this inclusion, so that staffs do not have to struggle to do this on their own.
- Seminars and training are necessary for interdisciplinary collaborations in research and teaching. Forums should be created where disability related research done by post graduate students can be presented to generate debate around disability.

This understanding of disability is often carried into the teaching practices, so there needs to be space to accommodate changes in teaching as well.

### **6.3.2 Disability Inclusion Practices**

There is a great need to encourage interdisciplinary collaboration among different disciplines, as this will enrich the curriculum with the different disciplinary perspectives. According to various findings emerging in this study, the researcher would like to recommend that:

- Service learning is an aspect of curriculum that lends itself to disability inclusion. This could serve as a beginning point for disability inclusion for staff who are trying to structure a better way of inclusion that works with their curriculum.
- Interdisciplinary research could be enhanced or started by encouraging post graduate student involvement in disability inclusion. This could act as a starting point for departments who are looking to include disability in the curriculum. Most post graduate students are required to run tutorials for undergraduate students and the outcomes of various researches related to disability could inform these tutorials so as to create awareness on these issues.
- Currently, the only resource and assistance cited by the participants when it comes to disability is the University of Cape Town Disability Services. They focus on providing services to enhance reasonable accommodation of disabled student and staff in the University. The Disability Studies Academic Programme on the other hand, focuses on theories and various frameworks on disability and would be a great asset in assisting different disciplines to include disability in their curriculum. Based on this, the University should put forward the Disability Studies Academic Programme as a resource to assist in this curriculum transformation.
- The Centre for Higher Education (CHED) at UCT could be approached for collaboration with the Disability Studies Academic Programme to offer assistance to staff who include or want to include disability in their curriculum.

### **6.3.3 Policy context for disability inclusion**

Disability specific policies are underutilized in the inclusion of disability in the curriculum. While the researcher is cognizant of the fact that mostly mainstream policies are introduced, and whatever aspect of that mainstream policy relates to disability is equally discussed, the researcher would like to recommend that it is necessary to also introduce disability specific policies. This is because there is a need for students to realize that disability is not simply an 'add-on', but should be allocated its rightful place in the curriculum much like other mainstream policies.

### **6.3.4 Experience of disability inclusion**

Faculties need to develop inclusive policies that will emphasize the relevance of disability as an issue of diversity that should be included in the curriculum. This will bring disability issues to the forefront and create a point of reference or framework for staff who are in dire need of assistance when it involves the inclusion of disability in their teaching and research. As part of the faculty structure, certain resources can be made available which can fund seminars and training aimed at creating awareness on disability and situating it in mainstream society by opening up these issues to students in the curriculum.

### **6.3.5 Disability in research**

There is a need to create an environment that encourages collaboration in research. An interdisciplinary approach is required. The Programme for Emerging Researchers (PERC) could be approached to facilitate seminar series or forums to nurture cross-faculty collaboration in the area of teaching and research which would greatly enhance and enrich the curriculum. Disability should be a variable similar to other issues of diversity like race, gender and sexual orientation; this will generate the much needed African based literature on disability issues.



When disability inclusion is examined through the lens of the two UCT Strategic goals of contributing to South Africa's developmental challenges and graduate attributes, one sees the policy's influence in the range of diversity issues covered in the curriculum. Since disabled people are part of the group that face these serious social, economic and developmental problems due to marginalization, instituting the Disability Studies Academic programme and addressing issues of access and entry into UCT for disabled students has been encouraging. However, there is also a need to generate discussions and debate across disciplines to bring out the various ways and means that disability can be utilized to enrich the curriculum across Faculties. This will impact UCT's graduates through teaching and research on disability.

#### *6.4 Thesis conclusion*

The context of UCT has impacted on disability inclusion, because it has previously focused on disability as a medical issue. Although the experience of inclusion has been one of mainly frustration, anger and a feeling of powerlessness and, the Faculty of Humanities in the University of Cape Town has started the practice of enriching their curriculum with the diverse understanding that disability brings. The Faculty should work with the Disability Studies Academic Programme in the Faculty of Health Sciences to take integration further to address these issues. These frustrations have occurred mainly because this inclusion has been a personal agenda of the staff members who are interested in recognizing disability as a diversity and rights issue. At the same time, there are HoDs who have personally supported disability inclusion and this is commendable. These HoDs could act as a reference point of good practice for other HoDs to provide institutional support for disability inclusion in their curricula.

Looking at it from this viewpoint, disability needs to be in the departmental agenda and not just as a personal interest of staff. It needs to be clearly put into the various institutional policies that govern the institution, as this will be a reference point from which all other inclusive practices will be carried out. Disability awareness workshops and seminars should be part of every HEI in response to the current needs of our society towards having a diverse curriculum of instruction, and stimulating disability inclusion in social responsiveness, service learning and projects staff and students engage in. This would also encourage an inclusive culture.

The conceptual framework held in the study because the findings showed that although participants included disability from many different perspectives, they all believed that disability is a human rights issue. The need to realize that it is an issue of rights for a disabled person to be treated with respect and given equal opportunities as others in society needs to continue to inform debates in the wider society.

There is a need for the previously 'silenced' voices of disabled people to be heard through the discourse of disability, in such a manner that they become active contributors and participants in teaching and research in the society they live in. This is not a privilege, but an issue of human rights. Contrary to expectations, society does not only 'give' to disability as is commonly thought, but disability 'gives' to society and assists in bringing understanding to the intricate connotations and philosophies that is humanity.

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University of Cape Town

## *Appendices*

### ***Appendix 1***

#### **Interview Schedule**

#### **A Study to Determine the extent and nature of Disability Inclusion within the curriculum of the Faculty of Humanities, University of Cape Town.**

##### SECTION 1: SURVEY

Department and Division	
Faculty	
Name of Respondent (optional)	
Position of Respondent (optional)	
Age of Respondent (optional)	
Sex of Respondent	
Length of time at University of Cape Town (UCT)	
Contact details of Respondent: Tel:	
Fax:	
E-mail:	

1. Does your department offer any under-graduate courses involving disability issues:

			If yes, please indicate the number of courses that your department offers involving these aspects:
Impairment [health condition] and functional limitations	No	Yes	
Participation and environmental restriction	No	Yes	

Service Learning	No	Yes	
Other, please specify			

2. Does your department offer any post-graduate courses involving disability issues:

			If yes, please indicate the number of courses that your department offers involving these aspects:
Impairment [Health Condition] and functional limitations	No	Yes	
Participation and environmental restriction	No	Yes	
Service Learning	No	Yes	
Other, please specify			

3. Please indicate any policy documents that are used in your teaching around disability. Mark ALL applicable

United Nations Rights for Persons with Disabilities. UNRPD		
Integrated National Disability Strategy (INDS)		
RSA Constitution		
Other, please specify		

4. Please indicate other diversity issues that are used in your teaching. Mark ALL applicable.

Gender	
Race	
Religion	

Sexuality	
Class	
Other, please specify	

5. Compared to other diversity issues, on a scale of 1-5, what emphasis do you give disability issues in your teaching?

1 = Least	
2 = Less than equal	
3 = Equal	
4 = More	
5 = Most	
6 = N/A	

## SECTION 2: QUALITATIVE QUESTIONS

1) What is your understanding of disability?

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2) How long have you included disability in your teaching at UCT?

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3) How did you become interested in including disability in your teaching?

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4)What is your experience of disability inclusion in the curriculum? \_\_\_\_\_

4) Any suggestions on how your department could get involved in disability seminars and workshops?

Thank you

## *Appendix 2*

### **PROJECT INFORMATION SHEET**

#### **A Descriptive Study to Determine the extent and nature of Disability Inclusion within the curriculum of the Faculty of Humanities, University of Cape Town.**

My name is Chioma Ohajunwa and I am a Masters Degree Student of the Disability Studies programme in the faculty of Health Sciences. In partial fulfillment of my programme, I am conducting a research on disability inclusion within the faculty of Humanities, University of Cape Town. The study seeks to determine if disability issues are included in the curriculum of the faculty of Humanities, and the nature of inclusion. Ethics approval has been obtained from the Faculty of Health Sciences Human Research Ethics Committee.

This study will reveal if and how disability is included in the faculty of Humanities, and your experience of inclusion. This project information has been sent to you because you are an academic staff in the faculty of Humanities. If you indicate that you have included disability in your teaching, you will be asked to participate in this study by please granting me an interview. All other academic staff in the faculty of Humanities who include disability in their teaching will also be asked to participate in the study.

If you sign the consent form, then appointment will be made for an interview. The researcher will ask questions from an interview schedule and write down the responses. A recorder will be used to record the interviews for transcription. You will be interviewed in any place of your choice and it will last for approximately one hour session. There is no remuneration for participating in this study.

There is also no physical harm expected from participating in this study. However, in case of psychological distress, the participant will be referred for appropriate counseling session. The transcripts will be sent to the participants to review, so they can confirm the accuracy of the transcripts before being used in the study.



This study will provide an opportunity for academic staff that has included disability in their teaching to disclose methodologies, challenges and successes experienced in achieving this. This can inform other staffs who have an interest in including disability in their teaching.

I will keep your name confidential and not mention it anywhere in the research if you request so [information already in the departmental curriculum documents or the faculty handbooks can appear in the report]. The data collected will be stored in MS Word and secured with a password for confidentiality and future use. The stored data will be available to only the researcher and the research supervisors.

Feel free to ask me any questions and I will answer to the best of my ability. You are under no obligation to answer every question asked and can stop the interview at any time you want without any penalties.

Thank you for granting me this interview.

For further enquiries or information please contact:

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## Appendix 3

### **Project Title:**

**A Study to Determine the extent and nature of Disability Inclusion within the curriculum of the Faculty of Humanities, University of Cape Town.**

### **Informed Consent form.**

I----- have read the information sheet. I understand what is required of me and I have had all my questions answered. I do not feel that I am forced to take part in this study and I am doing so of my own free will. Confidentiality will be maintained during this study and I know that I can withdraw at any time if I so wish and that it will have no bad consequences for me.

Signed:

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Participant

-----  
Date and Place

-----  
Researcher

-----  
Date and Place